### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	302	0	CERT!	FICA	TE OF DE	ATH	1		Reg. D	ist. No.	() 3	300
1. PLACE OF DEATH a. COUNTY Dore	hester		MARY		2. USUAL RESIDEN a. STATE	ICE (Who	STATE OF	d lived. If instituti b. COUNTY		nce befor		sion)
b. CITY OR TOWN (If outsing RURAL and give nearest to Campringe	de corporate limits, town)	write .	c. LENGTH OF STAY	IN 1b		VN (If or	-	rote limits, write F				n)
d. NAME OF HOSPITAL (IF OR INSTITUTION : Cambridge	not in hospital, giv e-Marylan	e street o	oddress)		d. STREET ADDI		Cab	in Creek	Road		e. IS RES ON A YES	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	William		Middle W •		llen tost		4. DATE OF DEATH	March	nth	Do: 20	/	Year 1961
30 9	Towns	MARRI	ED NEVER MARRIE		DATE OF SIRTH About 18	85		9. AGE (In years last birthday) About 7,5	IF UNDER	Doys	IF UNDI Hours	ER 24 HR
10a. USUAL OCCUPATION (Gi	ve kind of work do e, even if retired)		Farming	OR INDUSTI	Maryl		or foreign co	ountry)	12. CI	U.S.		COUNT
13. FATHER'S NAME William H.	. Allen				14. MOTHER'S MA	AIDEN N		ett Corn	ish			
15. WAS DECEASED EVER IN U (Yes, neppor unknown) (If yes, (	J. S. ARMED FORCE give war or dates of serv		SOCIAL SECURITY NO		ormant Records C	ambr	idge-		ress ital			
Conditions, if ony, we gave rise to immed case (o), stoting the unlying cause last.	DUE TO hich liote DUE TO  bider-  DUE TO  (b)_ (c)_			lemori							***************************************	uays
CATI			ONTRIBUTING TO DE						VEN IN PAI	RT 1(a) 1'	PERFO YES	DRMED?
		vo. DESC	RIBE HOW INJURY O							410		
20c. TIME OF INJURY Mo Hour o. m. p. m.	onth, Day, Year	While	Not while of work	20e. PLAC facto	E OF INJURY (Hom ry, street, office blo	ne, farm, dg., etc.	20f. (City	or town)	(	County)		(State
21. I certify that I alive on March 2  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  J.	30 30/3	12_	d from Marc			-30F	M, from		and an t		te state	
	March 23,			Mark	et Cemete	ery		lion (City, town, New Mar		Mary	(Stote	
23. FUNERAL DIRECTOR'S SIGN J.J.Fremptom	and Son,	Fede	ralsburg,	Maryl	and 24		AAR 2 4	161	STRAR'S SI			

24a. REC'D 8Y REGISTRAR MAR 2 4 '61

Clothun & trace

TO HOSPITAL TO FUN VS A15 (4) 1SM 9/SS

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Marie Committee of the				
		China di Page		
	AND STATE	grade post (f) can de Equation of the design		
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		of the party		
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			Road No carps	Control of the Contro
Para Marie M		CONTRACTOR	Large and	33102 478 0
	A REAL PROPERTY.		to the contract	1 40.763

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is executed the certifier, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the nero 4 should be found to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be dined TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriol, cremation, or remayal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3021 Reg. Dist. No. 03000

												$a_{ABABA}$
	LACE OF DEATH	orchester		MARYL		STATE	MET Y	deceased lived. If ins	titution: Resid		ore admis	ssion)
b	city or town ond give reorest to Cambrid		w RURAL	6 yrs.	11b (	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rock Hall						
d		e Hospital	If not in hosp	oital, give street address)		STREET ADD	RESS	14	+ X-	2		A FARMS
1	AME OF DECEASED Type or print)	William J.		Ashley		Lost		ATE MO	3	T	( Ye	9 61
5. \$	Male	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	2.0		1881	9. AGE (In years fast birthday)	Months	Doys Doys	Hours	Min.
10a	USUAL OCCUPAT uring most of work Waiterman	ION (Give kind of work ing life, even if retired)	done 10b. K	ND OF BUSINESS OR IN	IDUSTRY 1	Mar y		reign country)	12. CI1		S A	COUNTR
13.	FATHER'S NAME	Ashley			14. /	MOTHER'S MA	Anne	Elbourn				
	WAS DECEASED E		service)	20 32 0609			E.S.St	ate Hosp.	Cambr	idge	, Md	•
	18. CAUSE OF DE	ATH [Enter only one country on	Oc	or (o), (b), ond (c).]	oniti	.5				INTER	VAL BETWEE	EN TH
	Conditions, If	ediate couse (	I	Perforation	jejun	um					?	
	(a), stating the cause last.	(c)										
CATION				ndrome, cere							PERFOI	RMED?
CERTIF	20g. EXTERNAL C. PRIMARY OF OF CAUSE OF DEATH	AUSE WAS ONTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRI	ED. (Enter n	ature of injury	in Port 1 or	Part II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour o. m p. m		While		PLACE OF factory, str	INJURY (Honreet, office blo	dg., etc.)	f. (City or town)		ounty)		(Stote)
		that I took charge h resulted from: I			parties and the same of	-		Inspection [icide ], Unde		ry [],		d in my
	ACTUAL	Jun	m	- English	7M.D		ICAL EXAMIN	_			DATE SI	GNED
	EXAMINER'S NAME (Type)	John Mace				DEPUTY ME	MEDICAL EXAM	INER 🔼		3	3/14/	61
220	BURIAL, EXEMAT REMOVAL (Special Burial	Mar. 17	/61	Wesley Cl	_		RC RC	ck Hall,	Md.		(Stote	)
	FUNERAL DIRECTO	ILIAM CHESTE	ERTOWN	ADDRESS MARYLAND.	10	200	MAR 2		GISTRAR'S SI			

MEDICAL SXAMINERS OF SECATE OF DEATH COUNTY BOOK OF THE STATE OF THE entering you . 3 TE 0 Suddicto | bdadi 218 21.4 80 \* \* \* According to the Home Committees, the 7 day a for a special control of the contr Chremia brain synthicas, bareland arturizacionalis, carabasta dente OCS INCIDENT TO THE PORT OF THE 

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03005

	PLACE OF DEATH  O. COUNTY  DORCH	ESTER. CO.		MARY		o. STATE		d lived. If institution b. COUNTY	on: Residence	e befare adm	ission)
t	b. CITY OR TOWN (I RURAL ond give no	f autside carporate lim	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF O	autside carpo		URAL and g	ive nearest to	wn)
(		AL (If not in haspital, s	jive stree	- I describe the short		d. STREET ADDRESS	D HAIL			ON	A FARM?
1 1	NAME OF DECEASED (Type or print)	SALLIE J		Middle LINTHICUM A	SPLE	Last V	4. DATE OF DEATH	Man 3	th	Doy 31	Year 19 61
S. 5	SEX	6. COLOR OR RACE	1	RRIED NEVER MARRIE	D   B.	DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
FF	EMALE	WHITE	WIDOV	WED DIVORCES		1AY 28 1876		last birthday) 84 yrs.	Months	Days Hour	Min.
F	HOUSEWIFE	DN (Give kind af wark king life, even if retired	dane 10b	HOUSEWIFE		WOOLFORDS,	MARYI			S.A.	T COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I					
	JERMAIH L					SARAH WOO	LFORD				
		R IN U. S. ARMED FOR (If yes, give wor or dates of s NO		s. social security no.		GEORGE ASPI	LEN, CH	Add HURCH CRE		ARYLAN	D.
NOI	Canditions, if a gove rise ta i cause (o), stating lying cause last.  PART II. OTh	mmediate the under-	Ar	Uremia teriosclero teriosclero contributing to DEA	sis g	eneralized	and ce	rebral	\	4 ye	ears +
L CERTIFICATION		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY O	None					YES	□ NOXIXI
MEDICAL	20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	Whil			E OF INJURY (Hame, formally, street, office bldg., etc.		or town)	(C	aunty)	(State)
	220. SIGNATURE  220. PHYSICIAN'S NAME (Type)	77	-29 Fei	roeff		ath accurred at 9	30 P from AED.	STAFF PHYS.	d an the	date state	
230	BURIAL, CREMATIC REMOVAL (Specify)	1, 23b. DATE THERE		OLD TRIN			23d. LOCA	TION (City, town, HURCH CRE	ar caunty)	(S	tale)
	FUNERAL DIRECTOR	'S SIGNATURE	RVIC	ADDRESS E, CAMBRIDG	E, MA		PR 1 0 '		STRAR'S SIG		

VR A1S (4) 15M 9/S9

					The Real Property lies
	700				
• • •	J. an exa	e			

### FOR STATE HEALTH DEP

uneral director for IO DEPORT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the unerset 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State E or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DE VS. A15ME

5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3023 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3006

. 1.	PLACE OF DEATH	7.0		2. USUAL RESIDE	NCE (Where decaesed lived, b. CO	If institution: Residance before edmission)
_	DORCHESTER	•	MARYLANI	MARY	ILAND	DORCHESTER, CO.
	b. CITY OR TOWN (if outside write RURAL and give n	aarast town)	c. LENGTH OF STAY IN	c. CITY OR TOWN	(If outside corporete limits, w	rite RURAL end give nearest town)
H	EAST NEW MARKE			EAST NEW	MARKET, MARYL	AND.
1			hospitel, give straat address)	d. STREET ADDRESS	S	IS RESIDENCE     ON A FARM?
Service .	EAST NEW MARKE	T, MARYLAN		NONE		YES NO
3.	DECEASED	First	Middle	Last	4. DATE Mo	nth Day Year
	(Typa or print)	MINNY	KIMMEY	BANNING	DEATH 3	28 1961
5.	. SEX 6. CC	DLOR OR RACE 7. MA	RRIED X XEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yee last birthday	1
Y			OWED DIVORCED	12/27/1888	72 yrs.	Months Deys Hours Min.
10	Da. USUAL OCCUPATION (Glone during li	iva kind of work	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stet	ta or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		HOUSEWIFE	MARYLAND		U.S.A.
13	. FATHER'S NAME			14. MOTHER'S MAIDER	NAME	0.0.4.
	GEORGE K.	KIMMEY		ELIZABETH	WITTEV	
	. WAS DECEASED EVER IN U	.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17	. INFORMANT	Addn	055
10	res, no, or unkown) (Ifyasgiv		NO M	RS. FRANK BAN	TATES TO A CONTROL	I MADVED MADELLE
-	18. CAUSE OF DEATH	[Enter only one cause	per line for (a), (b), end (c).]	TO THANK DAN	INTRO ENDI ME	MARKET MARYLAND.
	PART I. DEATH WAS	CAUSED BY	oronary occli	usion		ONSEL AND DEATH Instant
	4201	DUE TO	01.01101.			Instant
	Conditions, if any, while					
	gave rise to immediate cau	se				
	(e), steting the undariying	_				
7	cause last.	(c)	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	INAL DISEASE CONDITION C	SIVEN IN PART 1(e)   19. WAS AUTOPSY
5	TAKI II, OTTIEK STORY	TICANI CONDITIONS	CONTRIBUTION TO DEATH DOT	THOU REENTED TO THE TERM	MINAL DISEASE CONDITION G	PERFORMED?
Ž,	20a. EXTERNAL CAUSE W	1001 01	CONTRACTOR AND A COLUMN	45.		YES NO A
CERTIFICATION			SCRIBE HOW INJURY OCCURED	e. (Enter neture of Injury in Po	of t or Peri II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Hour a.m.	Ŋ		PLACE OF INJURY (Homa, fai factory, street, office bldg., at		(County) (Stata)
2	p.m.	- "	remains described above,	held an Autonou	Inspection X, Ingu	in D
	death resulted from:					,
	deam resulted from:	Maintal canses	Accident , S	uicide, Homicide		manner
	ACTUAL	4.	2	CHIEF MEDICAL		
1	SIGNATURE	my	witey	M.D.	DICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type)	nn Mace J	r.		AL EXAMINER 3/	30/61
22		b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, low	vn, or country) (State)
V		3/30/1961.	NAST NEW MAN	Com Commerce	EAST NEW N	MARKET MD
	3. FUNERAL DIRECTOR	1 701 1701.	ADDRESS MAR	ZAS. RE		EGISTRAR'S SIGNATURE
T	E COMPTE FUNE	RAL SERVICE	E, CAMBRIDGE, M	ARYLAND. DAMPR	1 1 0 '61 Civi	thur S. Krous

SUSS WEDICAL STANDERS CHARLESON OF STANDERS SANDERS ESDE . Augusta de la companya della companya de la companya de la companya della compa THE SECOND STREET, SALES AND SECOND S MARYLAND STATE DEPARTMENT OF HEALTH TIMORE 1, MARYLAND

	DIAISION	OL SIMIISLICME KESEWKCH WIND K	ECOKUS DALI
3	024	CERTIFICATE	OF DEATH

DORCHESTER

FUNERAL SERVICE, CAMBRIDGE, MARYLAND. DATHAR 2 4 '61

	VIII DEVI	3024		CERTIFIC	AIE	OF DEATH				1	3011	144
1.	PLACE OF DEATH o. COUNTY DORCH	ESTER, CO.		MARYLANI		USUAL RESIDENCE (WI O. STATE MARYLAN		d lived. If institution b. COUNTY	DORC			ion)
	RURAL ond give ne		ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (IF			URAL ond	give nec	rest town	1)
H		MARYLAND.	ive street	6 DAYS	1/	3 CAMBRIDGE	MARY	LAND.			e. IS RES	IDENICE
	OR INSTITUTION				1	d. STREET ADDRESS					ON A	FARM?
	770 10 11 10 10 10		OSPI!	****			MY, ST					NOVE
3.	NAME OF DECEASED	Fir		Middle	7F T	Lost	4. DATE OF	Mon	th	Da		Yeor
-	(Type or print) SEX	MAU		MQWBRA	1	BEIDEL	DEATH	3	TIETINDE		10.30	1961 ER 24 HRS.
5.		6. COLOR OR RACE		HED NEVER MARRIED	] B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	Months	Doys	Hours	Min.
10	FEMALE	MHITE	WIDOWE	ALDER	12	2/18/1876		81 yrs.	120 617	1751101	140147.6	CHAIRDYO
100	during most of work	ing life, even if retired	done 10b.	HOLICIPATER	DUSTRY			ountry)	12. CII		WHAIC	OUNTRY?
13.	FATHER'S NAME		1	HOUSEWIFE	1.	CHAMBERBU				U.S.	Α.	
	UNKNOW	TN .				UNKNOWN						
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	, INFO			Add	ress		-	
100	NO (1	If yes, give war or dates of s	ervice)	NO	MRS.	CALVIN ST	ACK C	AMBRIDGE	MAR	VT.AN	m	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  TY, which one diote he under:  THE WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  DUE TO  DUE TO  DUE TO  TO  THE TOP TO THE TOT THE TOP TO TH	Co	ne for (o), (b), and (c).]	עו	E HEAT	RT /	FAILU	RE	INT ON	ERVAL BE	DEATH OS
Z		er significant con		ONTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CATION				4NEM	IA		- 34				PERFO	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	Port I or Por	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. II While of wor	Not while		OF INJURY (Home, form, street, office bldg., etc		y or town)		(County)		(Stote)
	21. I certify that	2	httend	led the deceased fra		h occurred of	M, fram	3/18 the couses an	, 19 d on th		, , ,	we) lost above.
	22c. PHYSICIAN'S	6. 2	u	rby Je	M.D.	ATTENDING LA	AED.	STAFF PHYS.		3,		b. DATE SIGNED
	NAME (ype)	.E. 6	50	NBY	R	-AM	BI	DE	-1-		M	D.
23	a. BURIAL, CREMATION	N, 23b. DATE THEREC	)F	23c. NAME OF CEMETER	Y OR CE	REMATORY	23d. LOCA	TION (City, town,	or county)		(Stot	te)

ARK CAMBRIDGE MARYLAND
25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

page 3 shauld be detached for use as the burial-transit permit. the State Board of Health priar to burial, cremation, ar remaval, TO FUNE VR A1S (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN; The law requires that the death certificate be executed within 24

er this certificate has been signed by the attending physician and campletely fille I far use as the burial-transit permit. Then please remove carbon papers. Pages riar to burial, cremation, ar removal, and in any event, within 72 hours after death.

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should be

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		Al-Ho president
The second of th	N 2345 574 K. Lon	
	Mary ten dimeter	Anne de motant plane a

ST ENOMITTAL LITTACHE 18

3026 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Dorchester Dorchester b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 12 days Cambridge Cambridge d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge-Maryland Hospital 28 Park Lane YES NO NAME OF Middle 4. DATE Last Manth Year Day DECEASED DEATH (Type or print) Darnell Larry Dorsev March 10 196] IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH last birthday) Months Male Colored WIDOWED | DIVORCED | February 28, 1961 10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Cambridge, Maryland New Born 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Lewis Nelson, Jr. Mildred Helen Dorsey 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Cambridge Hospital Records no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Atelectosis 12 da.vs DUE TO Canditians, if any, which Prematurity (3 lbs. 1 oz. 12 days gave rise to immediate DUE TO caese (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? emavo Roxemia in the Mother YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not while at work at work 21. I certify that I attended the deceased from Reb. 28 , 1961, to March 10 , 1961, that I last saw the deceased \_\_\_\_, and that death occurred at 0 = 30 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE March 10, 196 PHYSICIAN'S NAME (Type) Eldridge H. Wolff 15 Locust Street, Cambridge, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) HOY D Cambridge, Mary. Waugh Cemeterv 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 1 6 '61 Cambridge. Md. withing & thank 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

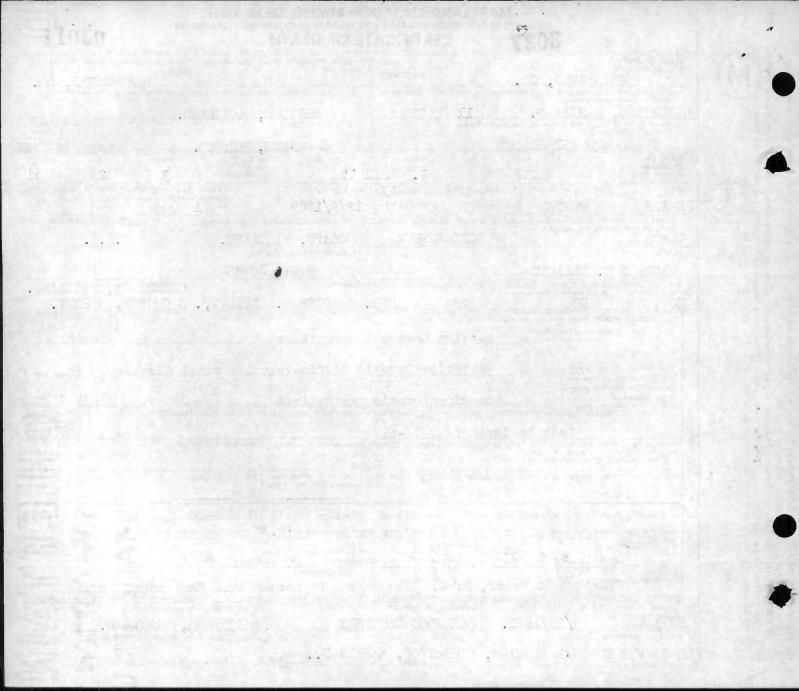
03011

004	CERTITION	TE OF DEATH		(10011
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W)		tion: Residence before admission)
DORCHESTER. CO	MARYLAND	MARYTAN	b. count	DORCHESTER, CO.
b. CITY OR TOWN (If outside corporate limit	ts, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
RURAL and give nearest town) CAMBRIDGE, MARYLAND.	11 MONTHS	CAMBRIDG	E. MARYLAND.	
d. NAME OF HOSPITAL (If not in hospital, g		d. STREET ADDRESS	MAIL I DANG.	e. IS RESIDENCE
OR INSTITUTION  GLASGOW NURSTNG H	OME	9 CINIDO	TI CHIDING	ON A FARM? YES NO
B. NAME OF Fire		8 CHURC		7
DECEASED (Type or print) MAR		LIOTT	OF DEATH	-1 1-
	7. MARRIED NEVER MARRIED		9. AGE (In years	
			last birthday)	Months Days Hours Min.
FEMALE WHITE	WIDOWED DIVORCED	12/9/1889	71 yrs	
<ol> <li>USUAL OCCUPATION (Give kind of wark of during most of working life, even if retired)</li> </ol>				12. CITIZEN OF WHAT COUNTRY
TEACHER	PUBLIC SCHOOL	CRAPO, MAI		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
WILLIAM D. ELLICTT		MARY	JONES	
5. WAS DECEASED EVER IN U. S. ARMED FOR		INFORMANT	CAM	BRIDGE, MARYLAND.
NO NO		R. CHARLES H.		HURCH, STREET.
1B. CAUSE OF DEATH [Enter only one co	use per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Massive Cerebr	ol Homorrhogo		ONSET AND DEATH
1447 X IMMEDIATE CAUSE (a)		ar nemorrhage		8minutes
1 / 1 / 1				
Conditions, if any, which gave rise to immediate (b)		tic cardio-vas	cular renal d	1 sease 1 year
cause (a), stating the under-				1 weer to
lying cause last. (c	Arteriosclerosi  DITIONS CONTRIBUTING TO DEATH BU		IN IN DISCUSS CONTRIBUTION C	1 year +
FART II. OTHER SIGNIFICANT CON	BITIONS CONTRIBUTING TO BEATH BU	II NOI KELATED TO THE TERM	INAL DISEASE CONDITION G	PERFORMED?
	emiaplegia 2-13-61			YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
		None		
20c. TIME OF INJURY Month, Day, Yee Hour a. m. 19		LACE OF INJURY (Home, farm actory, street, office bldg., etc	n, 20f. (City or town)	(County) (State
Hour a. m. 19	While Nat while at work at work	~=========		
21. I certify that (I) (this haspital	\ attended the deceased from	2_13_ 10	61 10 3-26	161 that (1) (we) la
saw the deceased alive an	3-26- 19 61, and that			
22a. SIGNATURE	17 Ox, and mar	deam accurred diff.	alli	22b.DATE
Follrilas	H. Well	M.D. PHYS.	ED. STAFF	SIGNE
22c. PHYSICIAN'S	1100097	M.D. PHYS. D	IRECTOR PHYS.	
NAME (TYPE I dridge H. W	Volff, M. D.		st St Cambr	idge, Maryland
	•			
3a. BURIAL, CREMATION, 23b. DATE THEREO	/-		23d. LOCATION (City, town,	.,
BURIAL 3/28/190	- 1210-11100.5 0.821	ETERY	BALTIMORE, M	
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE
LE COMPTE FUNERAL SER	VICE, CAMBRIDGE, M	ARYLAND . DATE	0 0 101	vi & Heave

in by the funeral G PHYSICIAN: The law requires that the death certificate be executed within 2 TO HOSPICAL OR ATTENDED TO PHYSICIAN: The law requires that the death certificate be executed within 2 may to be successed by the pitol or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours, after death

VR A1S (4) 1SM 9/59

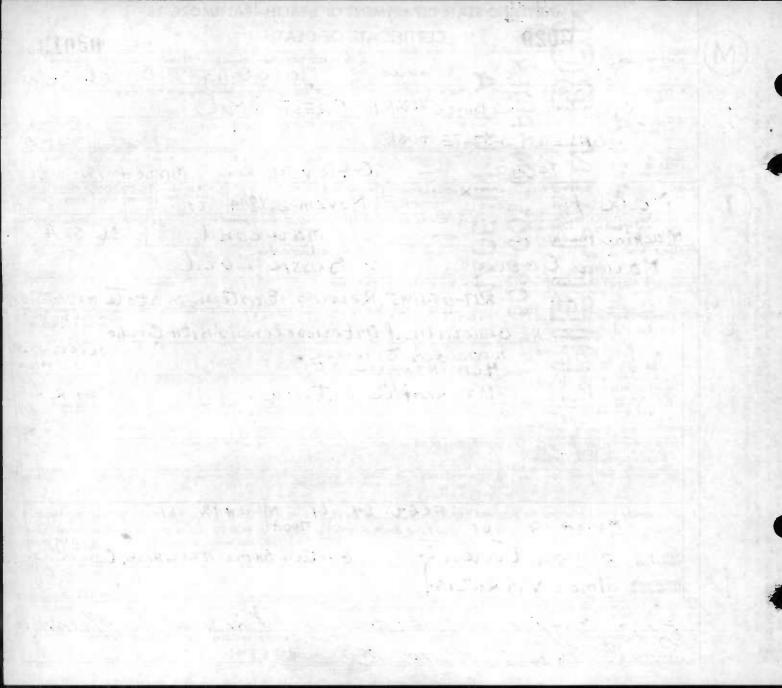


		d		
1 haurs after death Poge 4		in by the funeral airector,	and 2 shauld be filed with	1
105P.1AL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	pital ar ottending physician.	UNIXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit. In by the funeral director,	ge 3 should be detached for use as the burial-transit permit. Then please remaye carbon popers. Pages 1 and 2 shauld be Med with	State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.
IOSPEZAL OR ATTEN	y hained by th	UNIKAL DIRECTOR:	ge 3 should be detacl	State Board of Health

		DIVISION O	ARYLAND STATE I OF STATISTICAL RESEARCH / CERTIFICA			03012				
	1. P	ALCOUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY DURING						
	b	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			utside corporate limits, write RURAL and s	give nearest town)				
- 0		rural Cambridge  S. NAME OF HOSPITAL (If not in hospitol, give stre	35 years	d. STREET ADDRESS	elider ATTTe? 1700	e. IS RESIDENCE				
6		OR INSTITUTION Eastern Shore State Ho		d. STREET ADDRESS	17x-	ON A FARM? YES NO				
		NAME OF First DECEASED Type or print)	HOLTON F	Lost	4. DATE Month OF DEATH	Day Yeor				
	5. 5	EX   6. COLOR OR RACE   7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.				
		white wide	WED DIVORCED	John 131	88 lost birthdoy) Months	Days Hours Min.				
	10a.	USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)	b. KIND OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stote of	or foreign country) 12. CITI	IZEN OF WHAT COUNTRY?				
		Dentist		Maryland		13				
1	13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NA						
		William O. Flowers		Emma R. Co						
		WAS DECEASED EVER IN U. S. ARMED FORCES? . no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	NFORMANT	Address	_t				
		no	nne	Hospital recor	ds Eastern Shore					
		1B. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]	1		ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	NTEMOTE	17 Low P	50315	Link				
		420 DUE TO								
		Conditions, if ony, which (b)								
		gove rise to immediate couse (a), stating the under-								
	z	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT PELATED TO THE TERMIN	NAI DISEASE CONDITION GIVEN IN PAR	RT 1(o) 19. WAS AUTOPSY				
	ATIO	TAN IN OTHER SIGNATION OF CONDITION	S CONTRIBUTION TO DESTITE DE	THO REDATED TO THE TERMIN	THE DISEASE CONDITION OF ENTIRE	PERFORMED?				
	FIC	20a, ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURR	FD. /Foter nature of injury in Pa	Part L or Port II of item 18.)	IB LI NOA				
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW HOOK! OCCORN	ED. (Ellier horore of hijory in the						
	MEDICAL	Hour o.m. Wh	4	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)		County) (Stote)				
	0	21. I certify that (I) (this hospital) atte	nded the deceased fram	121 122	53, to Mar 30, 19h	that (1) (we) last				
		saw the deceased alive on Mark		126	M, from the causes and on the					
		22o. SIGNATURE	,		14	22b. DATE SIGNED				
		Thomas JJ	I-redge		RECTOR PHYS.	17.08-17				
		22c. PHYSICIAN'S NAME (Type) Thomas J. Dredge		E.S.S.Hospi	ital, Cambridge, Md					
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. JQCATION (City, town, or county)	(Stote)				
	6	DEMOVAL (Specify) While 1-6	1 Chestersial	d	Centrevelle My	au land				
	24	FUNERAL DIRECTOR'S SIGNATURE DAISES BUTTO BALLA B	ep Centrevelle	Ned DATEPR	by REGISTRAR 25b. REGISTRAR'S SIG					
7						A service of the serv				

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<b>是他们是一大小女孩</b>					
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO FUN

VS A1S (4) 15M 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3030

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

03014

	o. COUNTY	Dorel	nester	MARYLAN	II O STATE			d lived. If institution b. COUNTY	Dorche		ion)	
012	RURAL ond give n	If outside corporate limit eorest town) nbridge, Mar		NGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge, Maryland						
067	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street addres		d. STREE	et ADDRESS Pleasa				e. IS RESI ON A YES	DENCE FARM? NO XX	
	3. NAME OF DECEASED (Type or print)	Fig. Willi		Middle Go	otee	Last	4. DATE OF DEATH	Mon Mar	th 19	Day Y	rear 1961	
	5 SEX Male	6. COLOR OR RACE White		NEVER MARRIED DIVORCED		BIRTH B-1887		9. AGE (In years lost birthdoy) 73 yrs.	Months Da		R 24 HRS. Min.	
-		ON (Give kind of work or king life, even if retired) r- retired		of Business or in Arpenter	DUSTRY 11. BIRT	HPLACE (Stote Mary		ountry)	U.S.	A.	COUNTRY?	
	John H.	Gootee	N	ers maiden i Aartha								
	15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of st	ervice)	L SECURITY NO.	Cambi	ridge M	arylan	Add Id Hospit		rds		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	т,	(o). (b). ond (c).] erminal Br	onchopni	uemonia				NTERVAL BE	TWEEN DEATH	
	Conditions, if a gove rise to cose (o), stating	immediate Dus To	Py	elonephrit	is					47day	rs	
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1											
of.	200. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU		re of injury in	Port I or Por	t II of item 1B.)				
	20c. TIME OF INJU	RY Month, Day, Yeo		Not while of work	PLACE OF INJU factory, street, o	office bldg., etc	:)	or town)	(Cour	nty)	(State)	
	21. I certify the alive on	hat I attended the 3-19-		om	2-1 , 19 oth occurred	at 1.05p	M, from	n the causes a treet, city or town,		date state		
	PHYSICIAN'S NAME (Type)	Eldridg		1ff, M. D.				Maryland				
0	REMOVAL (Specify Burial		I	Dorchester		al Park	Ca		Maryla		2)	
By	23. FUNERAL DIRECTOR LeCompte	Funeral Se		ADDRESS Cambridge,	Marylar		D BY REGIST		strar's šigna Irthur S.			

would be the colo add not be trained the man, it will be the color of DESCRIPTION CARRON SECTION

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3031 CEPTIFICATE OF DEATH

02010

		2021	L		CKIIF	ICA	IE O	r DEA	П					U	OU	10
1.	PLACE OF DEATH o. COUNTY DOR	CHESTER, CO	•		MARYI	LAND	2. USUA a. ST.	ATE MAR			d lived. If in b. CO	nstitutio UNTY	on: Residen	nce befor	re admis	sion)
	RURAL and give n	(If outside carporate limit learest tawn) MARYLAND.	ts, write		TH OF STAY	IN 1b	100	Y OR TOWN	-		rate limits, v	vrite Rl	JRAL ond	give nea	irest low	n)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street		2.116			REET ADDRE	SS	IMILL	LIKUD.	IL . I	• D • 7 <i>I</i>	-	ON /	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	ROMAINE	st		Middle B.	]	HAMM	Last OND		4. DATE OF DEATH		Mont	th	Do:	9	Year 19 61
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NE	VER MARRIE	D B	DATE C	F BIRTH			9. AGE (In	years	-		-	ER 24 HRS
	FEMALE	WHITE	WIDOW	ED XX	DIVORCED		10/2	9/1873			87	yrs.	Months	Days	Hours	Min.
	during most of wor HOUSEWIFE	ON (Give kind of work of king life, even if retired)		KIND OF B		R INDUST		ALIFOR			ountry)			U.S.		COUNTRY
_	FATHER'S NAME			10000			1	THER'S MAIL						0.00	***	16.31
	JAMES K	. BILLINGSL	EY				A	NNA HO	RNB	AKE						
		ER IN U. S. ARMED FORG	CES? 16.	SOCIAL SE	CURITY NO.		FORMAN				ת ת	Addr		MARY		2772.3
ATION	gave rise to cause (a), stating lying cause last.  PART II. OT		DITIONS	CONTRIBUT	TING TO DEA	TH BUT I	NOT RELA	TED TO THE	TERMIN	AL DISEAS	E CONDITIO	N GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	ORMED?
AL CERTIFICATION	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	G CAUSE OF DEATH						ature of injur				1B.)		(6)	160	
MEDICAL	Hour a.m.	RY Month, Day, Yea	While at wor		while			JURY (Hame, t, office bldg		20r. (Cit)	or town)	161		(Caunty)		(State
	saw the decea	at (I) (this haspital	) alterio	ded the	0/		eath ac	curred a		M, fram	the cause	es an	, 19_ d an th		' '	(we) las d abave
	22a. SIGNATURE	G. A	u	nh		1 N	A.D. PHY		MEI	D. ECTOR [	STAFF PHYS.		2	20	Mi	4 DATE
	22c. PHYSICIAN'S NAME (YPC)	1, E, G	50	NA	19c	JR	(	ADDRESS	V, 5	30	10	2	E	1	M	2
230	BURIAL, CREMATIC REMOVAL (Specify BURIAL)			RIVE	ME OF CEME ERSIDE	CEM	CREMATE ETER				TION (City, HESTER		VEW Y	ORK.	(Sta	ite)
_	FUNERAL DIRECTOR			ADD		354	DM 4	25a.	REC'D	BY REGIS	TRAR 2Sb	REGIS	TRAR'S S	CHATH	REA	
I	E COMPTE	FUNERAL SER	VICE	, CAM	BRIDGE	, MA	KYLA	ND . DAT	E	m = 4	0.					

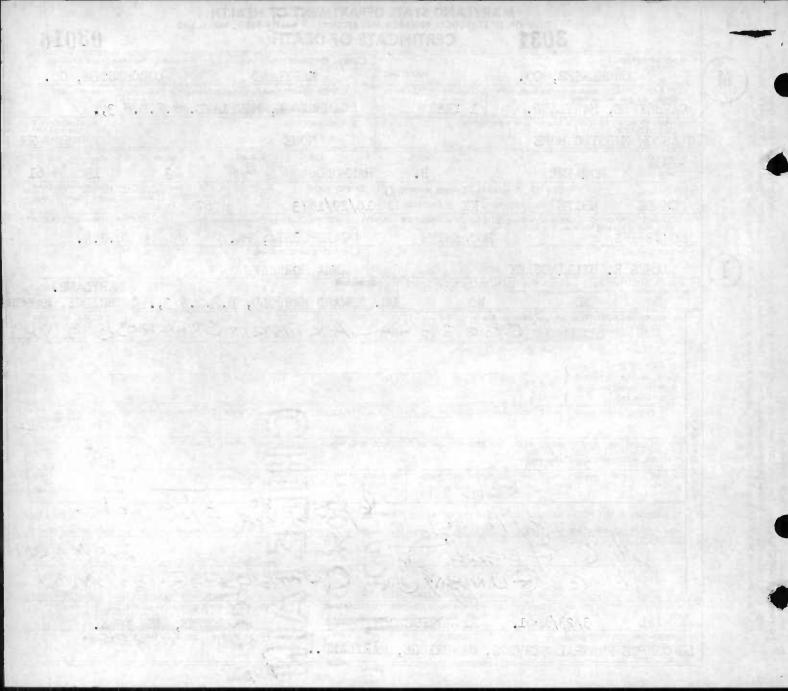
in by the funeral director, and 2 shauld be filed with may varied by the pital or attending physician.

D FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. TO FUN VR A1S (4) 1SM 9/59

4G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dec

TO HOSPIX

M



22c. NAME OF CEMETERY OR CREMATORY

ADDRES9

Year

1941

1 MOIYTH

(State)

(State)

22d. LOCATION (City, tawn, or county)

24g. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

TO FUNE poge VS A1S (4) 1SM 9/S8

22a. BURIAL, CREMATION,

22b. CATE THEREOF

SOSS - CERTIFICATE OF DUATH AND THE RESERVE OF THE PARTY OF Street Valley in Contract of the Contract of t The Transfer of The State of th 1000mm 100mm 100m  TO DEPUTY MEDICAL P. MINER: This certificate should be executed within 24 hours after death. If any delay exect the certification of the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the exect to the Chief Medical Examiner's Office along with form PM3. Page 5 may be a TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03018

	3033					Reg. Dist	t. No.	
1.	PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (  o. STATE Md.	Where decea	sed lived. If institution b. COUNTY	Worce	ster	odmission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		porate limits, write	RURAL and	3 X	est lown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in E.S. State Hospital	hospitol, give street address)	d. STREET ADDRESS					ON A FARM?
3.	NAME OF DECEASED (Type or print) Mary	Jane Ha	stings	4. DATE OF DEATH	Month		Doy	Yeor 19 <b>67</b>
5.	Formilde Libite	RRIED NEVER MARRIED 8.	9/20/03		9. AGE (In years lost birthday) 57 yrs.	Months D	-	UNDER 24 HRS.
10	o. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired)  Housewife	H CINE	Maryland		country)	12. CITIZE	U.S	VHAT COUNTRY?
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
_	James Hadder		Belle Fia	sher				
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  en. no, er unknown)  (If yes, give wor or dotes of service)		ecords E.S.S	. Hosp	Address Cambi	ridge,	Md.	
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIVI	EN IN PART		WAS AUTOPSY
CERTIFICATION		RIBE HOW INJURY OCCURRED. (E	nter noture of injury in Pa	ort I or Part II	of item 18.}		YES	№ 🖺
MEDICAL	20c, TIME OF INJURY Month, Day, Yeor Hour a. m. p. m. 19	d. INJURY OCCURRED 20e. PLAC thile Not white factor work of work	TE OF INJURY (Home, foreign, street, office bldg., ele	m, 20f. (City	y or town)	(Count	(y)	(Stote)
	21. I certify that I took charge of the opinion death resulted from: Natural ACTUAL SIGNATURE ACTUAL SIGNATURE		, Suicide ,	Homicide		Inquiry rmined mo	onner	ond in my  ATE SIGNED
	EXAMINER'S John Mace Jr.		ASSISTANT MEDICAL	9			3/	/7/61
	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF-		BE	TION (City, town, o	r county)	1	(Stote)
23	Arme A. Buch	age Auli	11/1	AAR 1 3		TRAK'S SIGN		

- CHUUG \* DIVES Caretuso B and a con-Capture B. E. B. Carrier Control street ton . T. EOM TOTAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3()2()

1.	PLACE OF DEATH	0000			2. USUAL RESIDEN	ICE (Where decaased lived, If	institution: Residence	before edmission)
1	e. COUNTY				a. STATE	b. COUN		- GO
1-	b. CITY OR TOWN (if	ESTER, ÇO.	t a	MARYLAND c. LENGTH OF STAY IN 16	MARYLA	(If outside corporate limits, write	DORCHEST	ER, CO.
		give neerest town)	10,	C. LENGTH OF STAT IN ID	C. CITT OK TOWN	tir outsida corporate tilitis, write	NORAL and give no	orest (OWII)
	AMBRIDGE,			LIFE		E, MARYLAND.		
	d. NAME OF HOSPITA	AL OR INSTITUTION (	if not in hos	pitel, give street eddress)	d. STREET ADDRESS	The same of the same of the		e. IS RESIDENCE ON A FARM?
1	05 WILLIS.	STREET.			105 WIL	IIS, STREET.	DETERMENT	YES NO
3.	NAME OF DECEASED	First		Middle	Last	4. DATE Month	Dey	Year
	(Type or print)	CF.C	RGE	W.	HORNER	DEATH 3	6	1961
S.	SEX	6. COLOR OR RACE	7. MARRIE		. DATE OF BIRTH	9. AGE (In years		F UNDER 24 HRS.
	MALE	WHITE	WIDOWE		12/11/1870	last birthdey)	Months Deys	Hours Min.
10a	. USUAL OCCUPATION	ON (Give kind of world	10b. K	ND OF BUSINESS OR INDUSTR		14	12. CITIZEN OF	WHAT COUNTRY?
	ne during most of work			TTTDO DWO OO	TANGE TOT	ANDS MADVE AND	77 0 4	
13.	OOD, CANNI	NG.	PHI	LLIPS PKG. CO.	14. MOTHER'S MAIDEN	ANDS, MARYLAND	U.S.A	•
	GEORGE W.	HORNER			UNKNOWN			
	WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17. 1		Address		
1	NO (If	No.	-	4-10-0743 MRS	MILDERD EN	VING. WILLIS, S	T. CAMBRI	DOR MD
-		EATH [Enter only one		ine for (a), (b), end (c).]	• TIT DIVIDITE BY	ن وتستسداد وتاسد	INTER	RVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:	Conc	nary occlus	ion			ET AND DEATH
	420.1		0010	mary occide.	1011			istant_
	011	DUE TO						
	Conditions, if eny, geverise to immedie	le cause						
	(e), slating the un	darlying DUE TO						
-	cause lest.	(c)	TIONS CON	TRIBUTING TO DEATH BUT NO	T OF A TED TO THE TEDA	INIAL DISCASS CONDITION COM	(FALIAL BARTA)	
é	PART II. OTHER	SIGNIFICANT CONDI	IIONS CON	IKBUTING TO DEATH BUT NO	OF KELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e) 19.	PERFORMED?
3							YE	S NO X
CERTIFICATION	PRIMARY Or CON		Ob. DESCRI	BE HOW INJURY OCCURED. (	inter nature of Injury In Pa	ert I or Pert II of itam 18.)		
	CAUSE OF DEATH.							
MEDICAL	20c. TIME OF INJUR	Y Month, Dey, Ye			CE OF INJURY (Home, fer ory, street, office bldg., et		(County)	(Stala)
WED	Hour a.m.	19	While at work	P-1401 1111110 p-14	ory, silver, office blugs, er			
		at I took charge o	of the rem	ains described above, he	ld an Autopsy	Inspection . Inquir	y , and in	n my opinion
	death resulted fr	om: Natural ca	uses 😿 ,	Accident , Suic	ide , Homicide	Undetermined m	anner	
M.			45.3	_	CHIEF MEDICAL	EXAMINER [7]		
T	ACTUAL	h	10		ACCICTANT ME	DICAL EXAMINER	DA	TE SIGNED
	SIGNATURE	m	7//	man	M.D.		/7/61	
	EXAMINER'S D	r. John 1	Mace	Jr.		city, town, or county)	/ 1/02	
228	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	, or country)	(Siele)
	URTAL.	3/8/1961		DORCHESTER MEM	PARK	CAMBRID E MD		
	. FUNERAL DIRECTOR			7100 NEOD	24e. RE	C'D BY REGISTRAR   246. REG	ISTRAR'S SIGNATUR	E
I	E COMPTE F	UNERAL SER	RVICE,	CAMBRIDGE, MI	DATEM	AR 1 4 '61	ilm & Krans	
-					100			

ANY ANY AND SELECTION OF THE PROPERTY OF THE WASHINGTON OF THE PROPERTY OF THE • Control Bibliot All Borney THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PARTY OF THE P no lawieso vasnovol DINGS AND A SECURE OF THE SECOND SECURITY OF THE PARTY OF CAN'S TANK TO SEE THE SECOND S The last training to the second of the secon A STATE OF THE PARTY OF THE PAR

TO HOSPITAL OR ATTE OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may to be a piral or attending physician.

TO FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill. In by the funeral aircectar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFICA'	TE OF	DE	ATH

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	4000								
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE		d lived. If instituti b. COUNTY			ission)
	rchester			Mai	ryland		Wicom		V
b. CITY OR TOWN ( RURAL ond give n	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpo	prote limits, write F	RURAL ond gi	ve nearest to	wn)
/	mbridge		2yr 5mo 16da	ys Sal	isbury.	Md.		201	105
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	give street	oddress)	d. STREET ADDR	ESS			e. IS R	A FARM?
	stern Shore	Stat	te Hospital	Sna	inghill	Road			NO
3. NAME OF	Fi		Middle	Lost	4. DATE	Mor	nth	Day	Yeor
DECEASED (Type or print)	Calvi	n	Whitefield	d Jeffers	OF	Ma	rch	7	1961
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	_
Male	White	WIDOW	ED DIVORCED	February 1	7. 1888	73 yrs.	Monnis	Doys Hour	min.
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INC			country)	12. CITIZ	EN OF WHAT	COUNTRY
	rking life, even if retired	3)		Marvla	and a			U.S.A.	
Chief eng	Tueer		-	14. MOTHER'S MAI				U.U.A.	
John E. J		essa I		Mary	larvey	Ad	lress .		
(Yes, no, or unknown)	(If yes, give war or dates of	service)		INFORMANT					
unk.	_		214-10-8914	RECORDS: I	Eastern S	Shore Sta	te Hos	pital	
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), ond (c).]			The second second	/ SEA	INTERVAL ONSET AN	BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Ger	neralized art	eriosclerosi	s with	ardio-		Sev.	
910	DUE TO	-	scular diseas		uz on c	70.2 0.2.0			-
000								0	
Conditions, if a	immediate /		abetes Mellit	us				Sev.	yrs.
couse (a), stating	the under- DUE TO	)							
lying couse lost.	- ' '	c)							
PART II. OT	HER SIGNIFICANT CON	ADITIONS (	CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	PERI	ORMED?
3								YES [	□ NO 🔀
OR CONTRIBUTING	'AS UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of inj	ury in Port I or Po	rt II of item 18.)			
\$ 20c. TIME OF INJU	RY Month, Doy, Ye	or 20d. I	NJURY OCCURRED 20e.	PLACE OF INJURY (Hom	e, farm, 20f. (Cit	y or town)	IC	ounty)	(State
Y 20c. TIME OF INJU Hour o. m. p. m.	19	While of wor	_ Not while _	foctory, street, office bld	g., etc.)				
		l) attend	ded the deceased fran	Sept. 22	. 1958 . ta	March 7	1961	that (1)	(WEX las
21. I certify the	at 80 (this haspita								
			7 1967 and that	t death accurred at					
saw the deced			7 1961 , and tha	t death accurred at	LLIM, Iram	ine causes a	114 011 1110		22b. DATE
saw the deced 220. SIGNATURE		larch		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF			22b. DATE
saw the deced 220. SIGNATURE 22c. PHYSICIAN'S	ased alive an	larch			MED	STAFF			22b. DATE SIGNED
saw the deced 220. SIGNATURE	ased alive an	March		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF		3.	226. DATE SIGNEI -8-61
saw the deced 220. SIGNATURE 22c. PHYSICIAN'S	Simon Virl	March cutis	Vuncus	M.D. ATTENDING PHYS. 22d. ADDRESS  Eastern	MED. DIRECTOR  Shore St	STAFF PHYS.	ital,	3. Cambri	226. DATE SIGNED -8-61
saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATIC 1EMOVAL (Specify	Simon Virl	darch cutis	Vunculy  239 NAME OF CEMETERY  LEbron	M.D. ATTENDING PHYS. 22d. ADDRESS  Eastern	Shore St	STAFF PHYS.   tate Hosp ATION (City, town,	orcounty)	Cambri	22b. DATE SIGNED -8-61
saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Simon Virl	darch cutis	Vuncus	M.D. ATTENDING PHYS.  22d. ADDRESS  Eastern  OR CREMATORY  Cometer  256	MED. DIRECTOR  Shore St	STAFF PHYS.   tate Hosp  tition (City, town,  fran 25b/REG	ital,	Cambri (S	22b. DATE SIGNED -8-61

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before education) for your files. Board of Health, a. COUNTY b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) director. write RURAL and give neerest town) lı days Claiborne Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE uneral ON A FARM? fained E.S. State Hospital State NO C 3. NAME OF Middle 4. DATE Day Year DECEASED OF the (Type or print) Mary DEATH 19 61 Jones March after ertificate should be executed within 24 hours after death. It "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with form PM3. Page 5 may be a used as a burial-transit permit. File pages 1 and 2 with the stion, or removal, and in any event within 72 bpdrs after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours Female White 166 WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Own home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Bromwell Susan Anne Cooper EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (If yas give war or dates of service) Records E.S. State Hospital 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial failure 4 days IMMEDIATE CAUSE (a) DUE TO Compound fracture left humerus 11 days Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ass execute the certificate, writing the word should be forwarded to the Chief Medical ErVINERAL DIRECTOR: Page 3 should be NO TA 20m. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury In Pert I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Fell from bed in home. MEDICAL 20d. INJURY OCCURRED & 20a. PLACE OF INJURY (Homa, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 2 Not While, 10 61 Claiborne at work Talbot et work Home Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | K Inquiry and in my opinion death resulted from-Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER W 3/27/61 EXAMINER'S plnods John Mace Jr. NAME (Type) Address (Street, city, town, or county) Di 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d\_LOCATION (City, town, or country) (Siele) o 940 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME CCOULDATE MAR 3 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

executed within 24 hours offer death. Page 4 and completely form by the fune director, appears. Pages I and 2 should be filed with

This certificate has been signed by the attending physician and campletely or use as the buriof-transit permit. Then please remove carbon papers. Peremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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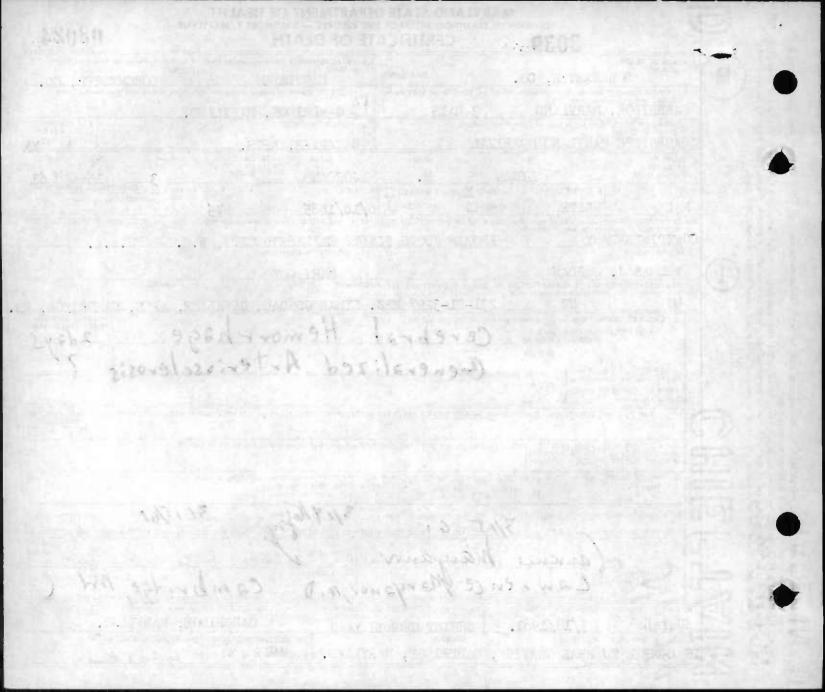
TO HOSP ALOR ATTENDED THE STREAM OF PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death and a sined by the bits certificate has been signed by the attending physician and campletely filliar in by the funeral arrector, page 3 should be detoched for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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		JU,	3.4	CER	IIFICA	IE OF DE	АІП				00	O MAR
1. PL	ACE OF DEATH COUNTY				MARYI ASID	2. USUAL RESID	ENCE (Wh	ere deceased	lived. If institu		ce before ad	mission)
	DOR	CHESTER	, CO.		MARYLAND	MA	RYLAN	D		DORCE	ESTER	CO.
	CITY OR TOWN (III RURAL and give ne AMNRIDGE,	arest town)		c. LENGTH OF	STAY IN 16	13			rote limits, write	RURAL ond	give nearest	fawn)
	NAME OF HOSPITA			3 DAYS		CAMB		MAR	YLAND.	-	T . 16	RESIDENCE
	OR INSTITUTION AMBRIDGE					CAVALT		PTS.			0	N A FARM?
3. N	AME OF		First	N	Niddle	Last		4. DATE	M	onth	Day	Year
DI	ECEASED							OF DEATH				
	ype or print)		LYMAN		1.	JORDAN		DEATH		3	15	19 61
S. SE	X	6. COLOR OR	RACE 7. MAR	RIED NEVER A	AARRIED [	B. DATE OF BIRTH			<ol><li>AGE (In year lost birthdoy)</li></ol>		1 YEAR IF U	T
	ALE	WHITE	WIDOW			6/18/188	5		75 yr		Doys Ho	
	USUAL OCCUPATION  during mast of work	ing life, even if	retired)								ZEN OF WH.	AI COUNTR
-	PERINTEND. ATHER'S NAME	HMI	F	ROZEN FO	OODS PL	ANTS ELI			C, N.C.	U.	S.A.	
	THOMAS J.	JORDAN				MAR	Y COX					
15. W	VAS DECEASED EVER	R IN U. S. ARM	ED FORCES? 16	SOCIAL SECURIT	Y NO. 17, IF	NFORMANT			Ac	Idress		
	no, or unknown)	If yes, give wor or		יר די די	07 Ime	TATALANT	TODDA	N		1.70.000		
-		NO_		231-01-32		LYMAN	JURUA	N, CA	ALIER,	APTS,	CAMBR	LDGE,
1	B. CAUSE OF DEA			line for (a), (b), on	d (c).]	11.						L BETWEEN
	PART I. DEA	TH WAS CAUSI	ED BY:	(EVP	hral	He	MO	wrl	1296		2	12111
	201	\ /	DUE TO				- A	1	0 .			4 4
	221	<b>\</b>	DUE 10	15	- 1		1.	70	1 1			>/
	Conditions, if or		(b)	Gen	erali	200	MAN	ICA	10201	Crol		
	gave rise to in cause (a), stoting t		DUE TO								7	
	lying couse lost.	ne under-	(a)									
z		IED SIGNIEICAN	(c)	CONTRIBUTING	O DEATH BUT	NOT RELATED TO	THE TERM	MAI DISEAS	E CONDITION O	IVENT INT DAD	T 1/0\ 19 W	AS AUTOPS
CATION	TARI II. OIN	IER SIGNIFICAL	41 COMBINOMS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO	THETEKMI	INAL DISEAS	ECONDITION	IVEN IN TAK	PE	RFORMED?
RTIF	20g. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	☐ CAUSE OF	DEATH	SCRIBE HOW INJU	JRY OCCURRE	D. (Enter noture of	injury in I	Port I or Par	t II of item 1B.)			
∑  2	Oc. TIME OF INJUR	Y Manth, De		INJURY OCCURRE		ACE OF INJURY (hoctory, street, office			or town)	(	County)	(Sto
MEDICAL	Haur o.m.		19 While			ciory, sireer, orrice	blog., elc.	"				
-						21.0	11.	-1.	71.	-1.		
1	21. I certify tha	t (I) (this ho	ispital) atten	1 4		/ /	16.[19			16.119_		
	saw the deceas	ed glive an	3/1	196	and that a	death accurred	0150	M, fram	the causes of	and an the	e date sta	ited abav
	22a. SIGNATURE	11			24 5		B					22b. DATE
	C	Laure	ive .	Mary	anv		DI	ED. RECTOR	STAFF PHYS.			SIGN
	22c. PHYSICIAN'S NAME (Type)	La	wren	ce M	2 4/21	22d. ADDRE	<b>)</b>	Ca	mbri	dge	Md	
23a.	BURIAL, CREMATIO	N, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY O	R CREMATORY		23d. LOCA	TION (City, town	, or county)		(State)
BI	REMOVAL (Specify)	2/20	1						BRIDGE,			
-	JUTAT	3/10	/1961.	CHRIST	CHURC	H YARD						
24. F	UNERAL DIRECTOR	S SIGNATURE		ADDRESS		SHITTE		D BY REGIST		GISTRAR'S SI	GNATURE	
LE	COMPTE F	UNERAL	SERVICE,	, CAMBRII	GE, MA	RYLAND.	DATEMA	R 2 4 '6	1 0	rthung &	Hanua	



	3040 CERTIFICATE OF DEATH	13025
	1. PLACE OF DEATH a. COUNTY DICHES LEE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY b. COUNTY	admission)
	b. CITY OR TOWN (If aviside carporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	st tawn)
	OKANSTITUTION /	IS RESIDENCE ON A FARM? YES NO [
	3. NAME OF DECEASED (Type or print) Tope of DeceaseD (Type or prin	Year 196
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTY 9. AGE (In years lif UNDER YEAR IF Months Days WIDOWED DIVORCED VIS. WIDOWED DIVORCED DIVO	Hours Min.
1	106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CHYZEN OF y during most of working life; even if retired)	HAT COUNTR
	13. FATHER'S NAME ( Lester - ( woknown)	
	15. WAS DEEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (14 yes, give wor or dates of service)  (Yes, no. or unknown)  (If yes, give wor or dates of service)	TRE
Ì		VAL BETWEEN
	Conditions, if any, which) moderate was the Heart Disease 20	· yes
	gove rise to immediate couse (a), stating the under- lying couse last.  DUE TO Generalized arteriorder and	5 yes
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPS PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 af item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work at work at work at work at work at work 19	(Sta
	21. I certify that (I) (this haspital) attended the deceased from H-1	
	saw the deceased drive on	22b. DATE

236, DATE THEREOF

ATTENDING PHYS. M.D.

PLUMM

236. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

23d. COCATION (City-Jown,

ADDRESS 259. REC'D BY REGISTRAR BATE MAR 1 5 '61

25b. REGISTRAR'S SIGNATURE arthur S. Kraus

TO HOSPINAL OR ATTENDED TO PHYSICIAN: The law requires that the death certificate be executed within 2 may 2 ained by the pital ar attending physician.

TO FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours other death VR A1S (4) 1SM 9/59

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION,

24. FUNERAL DIRECTOR'S SIGNATURE

In by the funeral director, I and 2 shauld be filed with

Pages ac death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3041 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) I. PLACE OF DEATH g. COUNTY b. COUNTY MARYLAND Maryland Dorchester Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) Cambridge pluods Cambridge d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 201 West End Ave. Cambridge Maryland Hospital 4. DATE NAME OF Middle Last Manth DECEASED DEATH (Type ar print) Kellv March George 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH 5. SEX last birthday) DIVORCED | WIDOWED | popers. Mala White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) Baltimore, Maryland puo Retired Clerk Railroad carbon offer 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME George Washington Kelly hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary C. Kelly 714-03-4552 attending No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO generalized metastages Canditians, if any, which gave rise to immediate DUE TO caese (o), stoting the underlying couse last. burial-transit Carcimona quamous 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a. m. While Not while at work at wark 21. I certify that I attended the deceased from... pino

U.S. Mary Wesley Webster Address 201 West End Ave. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES TO NO DO (Caunty) (Stale) \_\_\_\_\_ 19\_6 that I last saw the deceased and that death occurred at I P. M. from the causes and on the date stated above. ADDRESS (Street, city or fawn, state) DATE SIGNED ambria PHYSICIAN'S NAME (Type) 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Meadowridge Memorial Elkridge Maryland Buria 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE Ciriling & Thous 4611 Park Heights Ave DATE

Rea. Dist. No.

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Haurs

12. CITIZEN OF WHAT COUNTRY?

16

Days

Months

ON A FARM?

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Year

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	No.			

### MARYLAND STATE DEPARTMENT OF HEALTH

LTIMORE 1, MARYLAND

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10	43	CERTIFICATE	OF D	EATH

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	o. COUNTY
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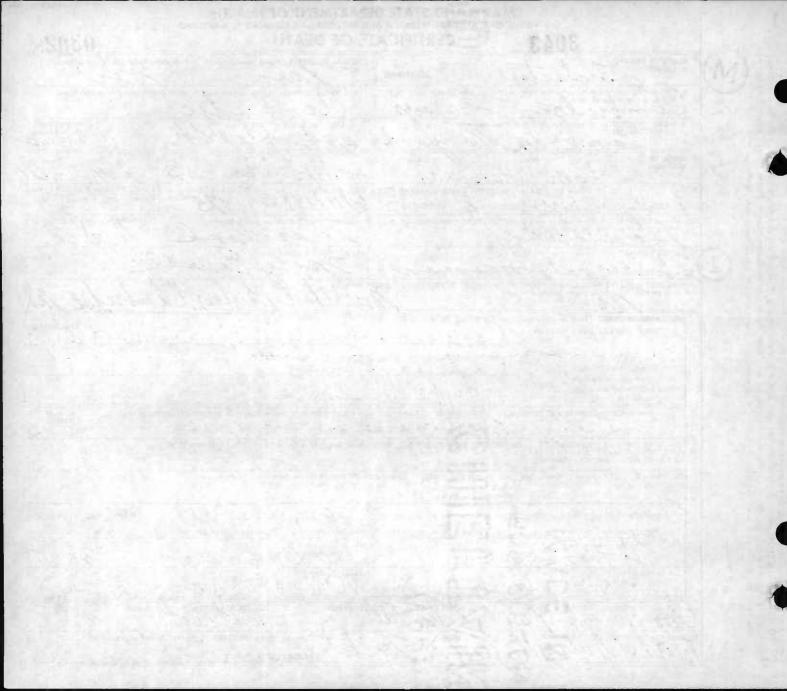
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1)		DEACE OF DEATH OCCUPATY OCCUPATY OCCUPATY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY						
	t	CITY OR TOWN (If poutside corporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)						
7		d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  Ambridge Maryland	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \) NO E						
ì		NAME OF DECEASED Type ar print)  Dond. Horseman	Lecuis 4. DATE OF DEATH 3 /19 1961						
-	5.5	emale white WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.						
	10a.	USUAL OCCUPATION (Give kind of work done 10b.) KIND OF BUSINESS OR INDUS	STRY 11 BHRTHPLACE (State or foreign country) 12. CHTTEN OF WHAT COUNTRY?						
	13.	Jerreson Forseman	14. MOTHER'S MAIDEMNAME COWELL						
	15. (Yes	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 12-11, no, or unknown) (If yes, give wor or dates of service)	in Gilbert Brakey, Cambridge, MS						
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	y atery/hrowbosis 3 days						
	Eler on I								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR YES ON THE								
	L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19 Ot work of wark 20d. INJURY OCCURRED fac	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 196, and that d	leoth accurred/of P. M., fram the causes and on the date stated above.						
			M.D. ATTENDING MED. STAFF 226. DATE  M.D. PHYS. DIRECTOR PHYS. D						
		22c. PHYSICIAN'S NAME (Type) W. H. HANKS M.	CAMBROGE MARYLAND						
	10	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR STANDARD (Specify) 3/22/6/1 CHECKET	alliatt med						
	200	Where Diffector's DENATURE WITH CLASS YOU MA	DATEMAR 2 8 '61 Colling & Town						

TO HOSP AL OR ATT ING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after demay and it is spiral an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fills. In by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59



#### MARVIAND STATE DEPARTMENT OF USALTH **DIVISION OF ST.** 3044 CERTIFICATE OF DEATH

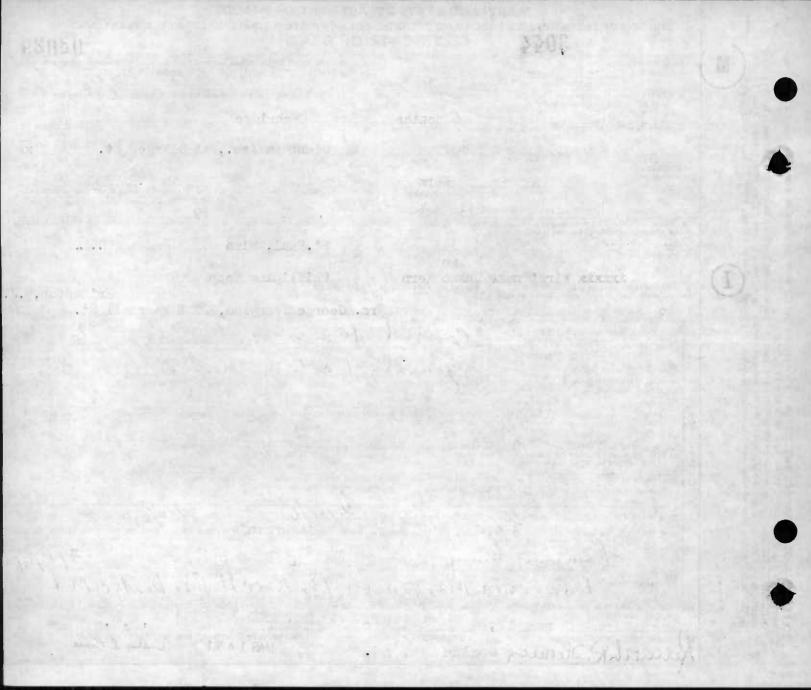
MAKTLA	MD 2	IAIL	PAKIK	VELAT	UF	HEALI	n	
ATISTICAL RESEARC	H AND	RECORDS,	301 W	. PREST	ON	STREET,	BALTIMORE 1,	MARYLAND

	3044	CERTIFICATE	OF DEATH		03029
1. PLACE OF DE a. COUNTY	Dorchester		2. USUAL RESIDENCE	7	institution: Residence before admission)
		MARYLAND			
	WN (if outside corporata limits, Land give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporata limits, write	RURAL and give neerest town)
C mhr	inte	6 months	Cambr	idee	
d. NAME OF HO	OSPITAL OR INSTITUTION (if not in	hospital, giva straat address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
173.:0	v Convalescont	Lome	Glenburn	Ave., at Gle	
3. NAME OF	First	Middla	Last	4. DATE Month	Dey Year
(Type or print)	//	77	7 3	OF DEATH	10 1957 19
5. SEX	Carolir Carolir		DATE OF BIRTH	I C 1	IF UNDER 1 YEAR IF UNDER 24 HRS.
J. JEA	6. COLOR OR RACE 7. MAI		. DATE OF BIRTH	last birthday)	Months Days Hours Min.
Temule		OWED DIVORCED	му 9,1371	89 yrs.	
	UPATION (Giva kind of work of working life, even if ratirad)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Steta, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
Lowensk			St.Paul.	Minn	UILS.
13. FATHER'S NAM		7.00	14. MOTHER'S MAIDEN		
MEDICAL	Andrew Pinck	- Halan Vana	D1. 2332 - 4	17	
	ARXELE FIRST NAMED FORCES?	16. SOCIAL SECURITY NO.   17.	Phillipi	na kopp Address	
	n) (If yasgive war or datas of sarvica)				Princeton, N.
No		Mr	s. George Ten	myson, 222 B M	arshall St.
	OF DEATH [Enter only one cause p	par line for (a), (b), and (c).)	66		ONSE'S AND DEATH
PART I. E	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral	Hemorn	uezi	(0
2.2	P/V DUE TO	1 :			
Conditions if	any, which (b)	Glorenda	ed arterio	, selenses	/
	madiata cause	1	201		`
	he underlying DUE TO				
causa last.	(c)	CONTRIBUTING TO SEATH BUT NO	T DEL ATER TO THE TERMIN	IAL DISEASE CONDITION CIV	/EN IN PART 1(a)   19. WAS AUTOPSY
PART II. C	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	PERFORMED?
2					YES NO I
	IT WAS UNDERLYING [ 20b.	DESCRIBE HOW INJURY OCCURED	). (Entar natura of injury in P	art I or Part II of itam 18.)	
U (IF EITHER, NO	TIFY MEDICAL EXAMINER)				
ZOc. TIME OF	INJURY Month, Day, Year   2	Od. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, farm	, 2Df. (City or town)	(County) (Steta)
20c. TIME OF		11110	tory, streat, offica bldg., atc.		
	5.111.	work at work	711/1	7/1	. /
21. I certif	fy that (I) (this hospital) at	tended the deceased from.	7/1/64	19, to	6, 19, that (I) (we) last
					and on the date stated above
22a. SIGNAT	URE /		ATTENDING	STAFF	22b. DATE
	danceny 1	Manyanov "		IRECTOR PHYS.	3/11/6
22c. PHYSICIA	AN'S	4	22d. ADDRESS 12	11 1	1 1 1 1
NAME (	Typa) Lawrene	10 Maryano	136 KZ	COST Cami	bridge, Md
220 RIPIAL CDE	MATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Sp	ecify)				
Cremit		, SIL Fort Line		y sain to	
24 UNERAL DIRE	CTOR'S SIGNATURE	ADDRESS		IAR 1 4 '61	GISTRAR'S SIGNATURE
Kennet	Int. Huruan	Cambridge, 1d	• DATE	The state of the s	

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TO HC VIAL OR SENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after a death. The law requires that the death of a may claimed by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

DATE MAR 1 3 '61

arthur & Thous

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Rural-Church Creek . IS RESIDENCE ON A FARM? YES NO T Month Day Yeor March 1961 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days YES 12. CITIZEN OF WHAT COUNTRY? Dorchester County, Md. USA Phillips Marie Mc Namara, Church Creek, Md. INTERVAL BETWEEN ONSET AND DEATH 2 my PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (County) (Stote) \_\_\_\_, 196/\_,that I last saw the deceased \_\_\_, and that death occurred at 6 1 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) Dorchester County 24b. REGISTRAR'S SIGNATURE

Cambridge.

VS A15 (4)

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#### FOR STATE HEALTH DEPT.

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State Baord of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is exect. The certifical printing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the Cross 4 shows the formation of the Chief Medical Examiner's Office along with form PM3. Page 5 may be considered from the Chief Medical Examiner's Office along with form PM3. Page 5 may be considered to Figure 10 or 10 funk at DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremotion, at removal, and in any event within 72 hours after death.

2 VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3046 DEATH Received the second secon

Reg. Dist. No. ()3()31

	PLACE OF DEATH	Dorchester		MARYLA	ND	o. STATE Mary		b. COUNT			
	ond give nearest taw	If outside corporate limits, write RL n) Cambridge	RAL	1 mo. 7 d		c. CITY OR TOWN (IF	outside co	rporate limits, write	RURAL ond	give ne	rarest lawn)
		TAL OF INSTITUTION (IF A Shore State !				d. STREET ADDRESS 305 1	Maryla	and Avenu	е		e. IS RESIDENCE ON A FARM? YES NO K
	NAME OF DECEASED (Type or print)	Ann <b>i</b> e	3	Blanche		Mills	4. DATE OF DEATH	March		Doy 30	Year 19 61
	Female	White w	IDOWED			9-27-75		9. AGE (In years lost birthday)  5 yrs.	IF UNDER Months	-	Hours Min.
100	USUAL OCCUPATI furing most of worki	ON (Give kind of work dan ng life, even if retired)	e 10b. KI	ND OF BUSINESS OR IN	DUSTR	Maryland	or foreign	country)		ZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME Charl	ie Hatton				14. MOTHER'S MAIDEN N Martha Ke		Ly			
15,  Ye	WAS DECEASED E	VER IN U. S. ARMED FORCE (If yes, give war ar dates of servi	S? 16. S	OCIAL SECURITY NO.	17. INI	CORDS - Eas	ter	F. Mildes Shore St	(Son)	De] ospi	tal
	PART I. DEA	ATH [Enter only one cause of the WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Only, which (b) A	ermi	nal Broncho		eumonia rdio-vascula	rrena	l disease		2	days
	(a), stating the underlying cause last.  DUE TO Arteriosclerosis, marked										Mo. +
CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOT THE PROPERTY OF THE PROPERTY										
MEDICAL	apinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) E.	Manth, Day, Year  1/31/61 19  hot I took charge of resulted fram: No.  Coloridge H. Wood	20d. IN While at ward the re tural co	up by her status occurred and while and work in the moins described and the mo	PLACE factor Home above	e, held on Autopsy  ], Suicide [], F  M.D. CHIEF MEDICAL EX.  ASSISTANT MEDICAL  DEPUTY MEDICAL E	fract 201. (City Sal domicide	Lft. Hi y or town) isbury, Wi nspection #, C Undete	(Cou LC OMOC Inquir rmined n	lead only) o, I	injury (Stote) Maryland and in my
220	REMOVAL ISPECTLY	Apr. 3, 196		May dellas		REMATORY dela Cem.	22d. LOCA	TION (City, town, e	or county)	nd	(State)
	FUNERAL DIRECTOR OLLOWAY	& COMPANY	SA:	ADDRESS	RY		BY REGIST		TRAR'S SIG	NATURE	
-	-				-				7777	THE OWNER OF THE OWNER O	

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	E COLUMN	3047		CERTIFI	CATE	OF DEATH				_0	30	39
1.	PLACE OF DEATH a. COUNTY					USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY	on: Reside	ence befo	re admiss	sion
	DORCH	HESTER, CO	•	MARYL	AND	MARYLAN	ID	B. COUNT	BRCH	ESTE	R, C	0.
	b. CITY OR TOWN (If RURAL and give nec	outside corporate lim	nits, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL one	give ned	arest town	n)
	CAMBRIDGE,	MARYLAND		3 DAYS	A	BISHOPS HEA	D'S, M	LARYLAND.				
	d. NAME OF HOSPITA	AL (If not in hospitol,	give street	oddress)		d. STREET ADDRESS					e. IS RES	FARM?
L	CAMBRIDGE	MARYLAND	HOSPI	TAL		NONE					YES [	NO (
3.	NAME OF DECEASED	Fi	irst	Middle		Last	4. DATE OF	Mon	th	Do	у	Year
L	(Type or print)	M	ONNIE	TRUI'		MILLS	DEATH	3			-	1961
5.	SEX	6. COLOR OR RACE	7. MAR	RIED KNEVER MARRIED	8. D	ATE OF BIRTH	200	<ol> <li>AGE (In years lost birthdoy)</li> </ol>	Months Months	R 1 YEAR	Hours	ER 24 HRS.
-	FEMALE	WHITE	WIDOW		_  00	T 26, 1882		78 yrs.				
10	o. USUAL OCCUPATIO during most of worki	N (Give kind of work ing life, even if retire	done 10b. d)	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI			COUNTRY
	HOUSEWIFE		H	OUSEWIFE		CRAPO, MAR				U.S	.A.	
13	. FATHER'S NAME				1	4. MOTHER'S MAIDEN						
) _		TRUITT			1.0 11501	SUSAN TAI	ıL	A A I				
		If yes, give war or dates of		SOCIAL SECURITY NO.	17. INFO			Add				
-	NO	NO		NONE	ILE C	OMPTE FUNER	RAL SER	RVICE, RE	CORD			
		TH [Enter only one of TH WAS CAUSED BY:		ne for (o), (b), ond (c).]	7	hal H	2	1.		ON	ERVAL BI	DEATH
	TAKI II DEAI	IMMEDIATE CAUSE	0)		exe	via II	- www	runery			3	day
	35/	DUE TO	0	an.	- 0.	1 5	10	200	1			0
	Conditions, if on	nmediate	b)	jewy	nu cu	zed cir	usu	very	124			
	couse (o), stoting t											
2			(c) NDITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	/EN IN P/	ART 1(0)	19. WAS	AUTOPSY
CATION											PERFC	DRMED?
L G	20- ACCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in	Port I or Port	11 of item 18.)				
CEDT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Y Month, Doy, Y			Oe. PLACE	OF INJURY (Home, form, street, office bldg., et	m, 20f. (City	or town)		(County)		(Stote
MAE	p. m.	19	While of wo									
	21. I certify that	t (I) (this haspita	al}atten	ded the deceased f	ram	3(2/6.19	2 _cta	5/1	6, 19	, tl	nat (I)	(we) las
	saw the decease	ed_alive an	>/2	619 and t	hat dea	th accurred a	M, fram	the causes ar	nd an t	he date	e stated	dabave
	22o. SIGNATURE	1		944	,	ATTENDING	450	CTAFF		- 177	27	SIGNED
		aury	LE .	many and	₩.D	. PHYS.	AED.	PHYS.			4/	7/6
	22c. PHYSICIAN'S NAME (Type)			Alstra		22d. ADDRESS	1	. 7.	1		1	
L		-a wren	66	Mardan	OV		inn	age	1-	~4		
2	3a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THERE	OF	23c. NAME OF CEMET	TERY OR C	REMATORY	23d. LOCAT	TION (City, town,	or county	)	(Sto	ite)
-	BURIAL (Specify)	3/8/1961		DORCHESTER	MEMO	RIAL PARK		BRIDGE	MARY	LAND		
2	E COMPTE FI	S SIGNATURE UNERAL SER	VICE	CAMBRIDGE,	MARY	TAND.	D BY REGIST	RAR 25b. REGI	STRAR'S	SIGNATU	IKE	
1	E COLLIE L	OMERCAL DEN	4105	OH DILLOUD,		JUNIE	AR 1 4 1	61 0		17 4-		
						R	WILL I TOWN	UI C	relling	1 774	ALC).	

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	Lawrescae Mury a Live	4

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

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6	INERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director,	e 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.
2	SIR	P	pric
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NG PHYSICIAN: The law requires that the death certificate be

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PLACE OF DEATH

DORCHESTER b. COUNTY DOR CHEST o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) CAMBRIDGE CAMBRIDG-E d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION RELVEDERE AVE. ON A FARM? YES NO NAME OF Day Year DECEASED MARCH DEATH (Type or print) 1961 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months MALE DIVORCED [ WIDOWED D 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAND CUTTE 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME RROOKS GEORGE HOSPITAL RECORD IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH YOCARDITIS PART I, DEATH WAS CAUSED BY: UNKNOWN IMMEDIATE CAUSE (o) DUE TO GENERAL ARTERIOSCLEROSIS Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while of work at work 21. I certify that I attended the deceased fram OC 190/that I last saw the deceased and that death accurred at 6.40 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SHORE STATE PHYSICIAN'S NAME (Type) CAMBRIDGE 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Pog Pog Cambridge. Md. Eurial Green Lawn Cometery 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cathur & Thous 15M 9/S8

FOR STAT HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation and another within 72 hours after dead. VS. A15ME 5M 7/59

Division of STATISTICAL RESEARCE	EXAMINER'S	CERTIFICAT		03034
Dorchester	MARYLAND	2. USUAL RESIDENCE 8. STATE Md.	CE (Where daceasad lived, If b. COUN	institution: Residence before admission  NTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge	5 Min.	Bishop	outsida corporate limits, write s Head.	e RURAL and give nearast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi  Cambridge Hospital		d. STREET ADDRESS		a. IS RESIDENCE ON A FARME YES NO
3. NAME OF First DECEASED (Type or print) Joseph	7/7	orris	4. DATE Month OF DEATH March	0 1-
5. SEX   6. COLOR OR RACE   7. MARRIED   White   Widowed	/	PRIL 6-18	9. AGE (In years last birthday) 66 yrs.	Months Days Hours Min.
Labor Oys	of BUSINESS OR INDUSTRY	MARYL	or foreign country)	U.S.A.
WILLIAM E. MO	RRIS	A LL /	E REDMI	aN
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyesgiva war or dates of service)		ords Camb	ridge Hospi	tal
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if Any, which gave rise to immediate cause (a), stating the undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONT	/ Divolved Ling/		theresclerosi	YEN IN PART 1(a)   19. WAS AUTOPSY
PRIMARY JOS CONTRIBUTING CAUSE OF BEATH.	E HOW INJURY OCCURED. (E.	ntar natura of Injury in Part  ///////////////////////////////////	1111	YES A NO
5 /7 / Harr 1 /3-8-61/// While/	Mor While While		Inspection, Inquir, Undetermined m	y . and in my opinion
ACTUAL SIGNATURE  EXAMINERS NAME (1996)  John Ma	ce Jr.	M.D. ASSISTANT MEDI	CAL EXAMINER	3-10-51
220. BURIAL, CREMATION, 22b. DATE THEREOF PRINCIPLE OF THE PRINCIPLE OF TH	2c. NAME OF CEMETERY OR CHURCH ADDRESS	HILL	22d. LOCATION (City, town CHURCH D BY REGISTRAR   24b. REG	HILL MO.
Edgard have the	uch Hill, 1		1 0 104	thur S. Kinns

Items 18821 Film 287 MARYLAND STATE DEPARTMENT OF HEALTH

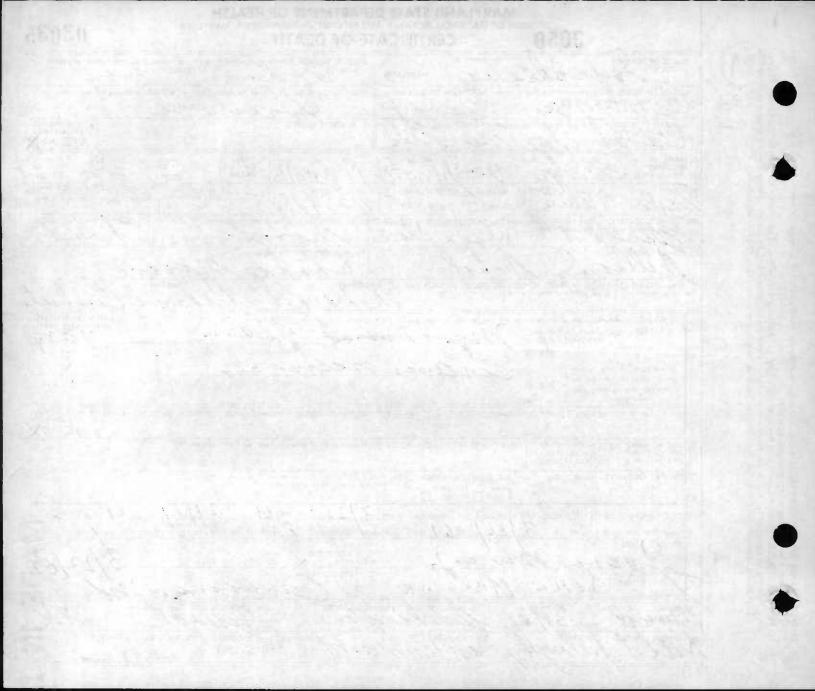
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Cordinacter Rapludme0 .berh sqcinia \* 1 . Cambridge Hospitel 1 100 Mozrika Maron B. and September 1 FINIL GELLSTER ELE Oyabar house - What can con to ago Whenton I Mother GLIE REDMAN decords cambridge despitati western could be and action of the AND THE STREET WHEN IN THE WASHING BOTH SHEET WASHINGTON TO THE WASHINGTON TO SHEET WA m on 12 and 1 , 12 , 100 m m o i BUNGAL PHAREN 11 CHUNCH THEE CAURCH THELL MON Howard hier Charles Hed pade to the solution of

Page 4	director,	Ed with	V
TO HOSATAL OR ATT PING PHYSICIAN: The law requires that the death certificate be executed within A haurs after day Page 4	may bained by ospital ar attending physician.	ge 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours offer death.
► VR	A15	(4)	
15	M 9/5	9	

TO HOSE TAL OR ATY SING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after day

2000		
1. PLACE OF DEATH ORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	before admission)
b CITY OR TOWN (Mautside carborate limits, write RIRAL and give warest town)	c. CITY OR TOWN (If outside carporate/timits, write RURAL and give	ve nearest tawn)
d. NAME OF HOSPITAL HI not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ceorge Washingto.	4 Nichols 4. DATE OF DEATH 3/2	2 6 19 6
5. SEX 6. COLORDE PACE 7. MARRIED NEVER MARRIED   WIDOWED   DIVORCED		YEAR IF UNDER 24 HRS Pays Hours Min.
100. USUAL OCCUPATION (Give kind/of work done during most of working life, every if retired)	1 12 2 2 1/1	EN OF WHAT COUNTRY
13. FATHER'S NAME IN J. Michaels	14 MOTHER'S MAIDEN WAME Marine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes, give wor or dates of service)	in Maryllice Beamond,	ambiel
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	ino Spilme	INTERVAL BETWEEN ONSET AND DEATH
450.0 DUE TO	2-11	7
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) UE TO  (c)		,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)	
	PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	aunty) (State
21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 3/1/6/196/2 and that	death accurred at A.M., from the causes and an the	, that (I) (we) last
220. SGNATURE	M.D. PHYS.	3 /2 22b. DATE SIGNED
HYSICIAN'S NAME (Type) JOHN MACE JR	22d. ADDRESS	14/6/
237 OKRIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY	OR-CREMATORY 23d. LOCATION (CITY, tawn, arbunty)	)State)
ADDRESS SIGNATURE ADDRESS (ADDRESS)	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission our files. of Health, . COUNTY Page . b. COUNTY a. STATE DORCHESTER, CO. DORCHESTER, CO. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) director write RURAL and give neerest town) State Board of CAMBRIDGE, MARYLAND. 17 YEARS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) CAMBRIDGE. MARYLAND d: STREET ADDRESS 107 CHURCH, STREET CHURCH. death. Middle Month DECEASED OF the (Type or print) DEATH WILLTAM NORTH ould be executed within 24 hours after death, "in pencil in Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 5 may be burial-transit permit. File pages 1 and 2 with moval. and in any event within 72 fours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH last birthdey) Months 76 WIDOWED [ DIVORCED 20/ MALE 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CLOTHING LAUREL DELAWARE CLOTHING EDWARD NORTH ELTZABETH STEWARD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT CAMBRIDGE. MARYLAND. (Yes, no, or unkown) | (Ifyes give we ror detes of service) MRS. WILLIAM NORTH, 107 CHURCH, STREET. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: ARTERIOS CLEROS IS IMMEDIATE CAUSE (e) DUE TO removal **EXAMINER:** This certificate should Conditions, if eny, which (b) geve rise to immediate cause "pending" Examiner's O DUE TO (e), steting the underlying as cause lest. nsed cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION srifficate, writing the word 3 PARKINS ON IAN SYNDROME Medical pluods 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Port I or Port II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 2Df. (Clty or town) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry agent, Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) JOHN MACE JR. Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 6 CREENLAWN CEMETERY 940 CAMBRIDGE. BURIAL 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME SERVICE, CAMBRIDGE, MP SAIE arthur S. House 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NO TO

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19 61

ONSET AND DEATH

PERFORMED?

NO

(Stete)

and in my opinion

DATE SIGNED

3/27/61

U.S.A.

(County)

IF UNDER 24 HRS.

42080 L. b. direction CAMERICAL SEEDS Ter CHURCE, ST. ST. TOT LIBERTA STREET A. A. D. C. STATELS, JEFAN A. CHINGS ... DELEGAL. Tash of the control of the state of the control of 在1995年10日本日本日本 2/21/62 A ROLL THOS · Skilling , hellight to large the season of the Alexandra DE CONTRE PUBLIC DE SERVICES DALBATION, AND LESSEN DE SERVICES DE LA CONTRE DEL CONTRE DE LA CONTRE DEL CONTRE DE LA CONTRE DE LA CONTRE DE LA CONTRE DEL CONTRE DE LA CONTRE 2052

#### CERTIFICATE OF DEATH

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1. PLACE OF a. COUNT	DORCHESTI	ER	MARY		USUAL RESIDENCE (NO. STATE		d lived. If institution b. COUNTY	on: Residence be	efore admiss	ci/
	TOWN (If outside corpo nd give neorest town)	rote limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OF TOWN (I	f outside corpo	rote limits, write RI	JRAL and give	nearest tow	n)
d NAME (	MBRIDGE OF HOSPITAL (If not in ho	snital give street		105	CECILTO d. STREET ADDRESS	N			e. IS RES	UDENCE
OR INST	TERN SHORE	STATE	HOSPITAL		d. STREET ADDRESS		0	1-X	ON A	FARM?
3. NAME OF DECEASED		First	Middle		Last	4. DATE	Mon	th	Day	Yeor
(Type or pr		VAH	A		PRICE	DEATH	MARCH			1961
5. SEX	6. COLOR O		RIED NEVER MARRIE		ATE OF BIRTH	15.33	9. AGE (In years lost birthdoy)	Months Doy	-	Min.
MAL	WHIT	WIDOW			AN.5-18	93	6 gyrs.	12. CITIZEN	OF WILLIAM	CHAITRY
during me	CCUPATION (Give kind opst of working life, even i	f retired)	FAOTA PU	K INDUSTRY	II. BIKIHPLACE (Sto	or foreign c	ountry)	12. CITIZEN	> A	OUNIKT
13. FATHER'S	MAN		14010114	1	4. MOTHER'S MAIDE	LAN	$D_{\cdot}$	0	SA.	
13. FAITIER 3	NAME	Daves			4. MOTHER 3 MAIDEN	NAME	0 /10			
15 WAS DECE	EASED EVER IN U. S. ARA	AFD FORCESS 16	SOCIAL SECURITY NO	INFO	RMANT	N UK	AHE	'Att		
(Yes, no, or unknown	own) (If yes, give wor or	dates of service)		Ho		200	me			
IIB CAUS	SE OF DEATH [Enter onl	v one couse per	line for (a) (b) and (c)		PIIALI	IE COR	D.5	112	NTERVAL BE	TWFFN
	ART I. DEATH WAS CAUS	ED BY:	-	-	11.0 . 14.00	013			NSET AND	
0)	IMMEDIATE C	DUE TO	CORONAR	<del>y /</del>	HKOMBO.	512			481	tks.
Conditi	ons, if any, which )		EREBRAL	VAS	CULAR	SUPH	11118		NUED	7 1,5
gove r	ise to immediate	(b) C	ENPO VAL		1004/1/	77			VEN	777
lying co	), stoting the <u>under-</u> (	(c) CE	REBRAL	ART	FRIO SELI	EROS1	C		VER	ZUE
NOITAN	ART II. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(o		AUTOPSY PRMED?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF R, NOTIFY MEDICAL EXAM	DEATH	SCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury	in Port I or Por	t II of item 1B.)			
	OF INJURY Month, D or o.m. p.m.	While	INJURY OCCURRED  Not while ork ot work		OF INJURY (Home, fo , street, office bldg.,		or town)	(Coun	ty)	(Stote
21. I ce	ertify that I attend	ed the decea	1	T.14	., 19 <u>58</u> , to		1961			
Olive O			Ser, ond mor	deom oc	corred di_z_g		treet, city or town,			TE SIGNED
ACTUAL	RE Hamm	1-61	rawfor	domo	CAMBR	DGE	MO	MA	RCH.	11196
PHYSICIA NAME (T)	N'S 1/	I CRA	WEARD			7				- <del>J</del> -7-
220. BURIAL,	CREMATION, 226. DATE			TERY OR A	REMATORY A	22d. L@CA	TION (City, tyly),	or county)	, (Sto	te <b>/</b> /
	val 3/	13/6/	St. Le	inhe	m (im.	lan	lwille		ma	1,
23. FUNERAL	DIRECTOR'S SIGNATURE	1	ADDRESS	100.11	24a. RE	C'D BY REGIS		STRAR'S SIGNA		
81	humanel	with	Courall	11111	DATE!	AR 15'6	1 Ont	Lun S. Kra	u4	

O HOSP/ALL OR ATTY NG PHYSICIAN: The law requires that the death certificate be executed within 2-may be a kined by the spital ar attending physician.
O FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPINAL OR ATTY may be gined by the TO FUNE AL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND

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7	CERTIFICATE	
27 2 3	OFIGURE 1011F	•

c. LENGTH OF STAY IN 1b

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LEWIS

JEA FRON

16. SOCIAL SECURITY NO.

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [

Reg. Dist. No.

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M	1
100	1

PLACE OF DEATH

OR INSTITUTION

RURAL and give negrest town)

COUNTY

NAME OF

DECEASED

5 SEX

(Type or print)

AMBRIDGE d. NAME OF HOSPITAL (If not in haspital, give street address)

SHORE

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

GRCEST EK b. CITY OR TOWN (If outside carporate limits, write DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NO 4. DATE Manth Year DEATH MARCH 1961 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months 6 6 yrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. TERN SOIFRATIO

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) WETSEMBN 13. FATHER'S NAME JN SHOUNN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour o. m.

20d. INJURY OCCURRED Day, Year While Not while at wark ot work

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.

20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20f. (City or town)

(County)

21. I certify that I attended the deceased from....

**DUE TO** 

DUE TO

DEC 21, 1960, to MARCH 15, 1961, that I last saw the deceased \_\_\_, and that death accurred at 5. C.M. fram the causes and on the date stated above.

ADDRESS (Street, city or town, stote)

	-		
DA	TF	SIG	NED
-		310	1450
	2		1
1.00	6		1 -

(State)

PERFORMED?

YES NO NO

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION.

JE3125 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county)

(State)

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

CAMBRIDGE, MARYLAND 24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND. DATEMAR

MEMORTAL.

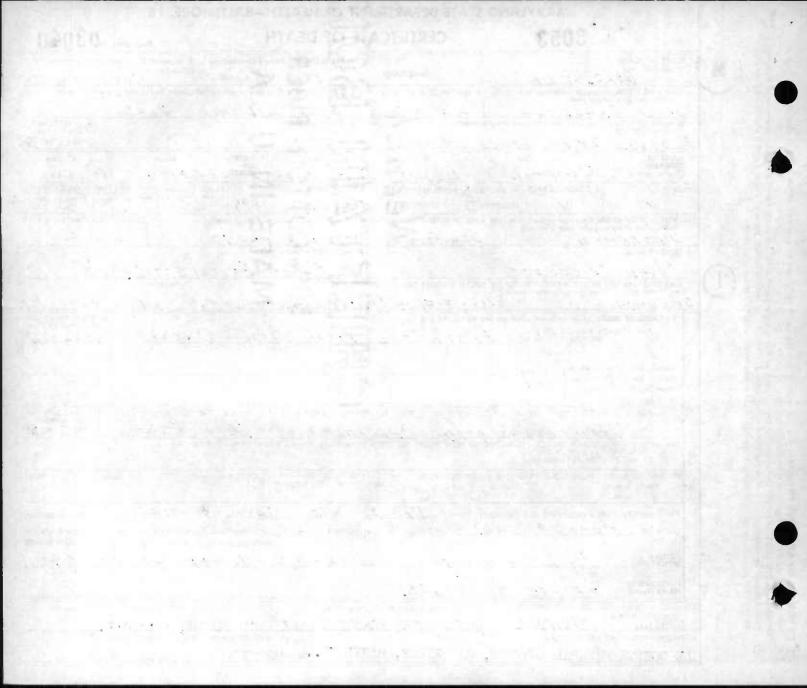
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VS A15 (4) 15M 9/58

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DIRECT

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**BALTIMORE 1. MARYLAND** tems 1d.2d.10a, b, 11, 14, I. PLACE OF DEATH is ne. director. F. vour files. e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your Board NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? funeral retained he State B YES NO NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. with 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED 2 witl last birthday) age 5 may 1 and 2 wi 72 hours Months Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) FATHER'S NAME Self File pages 1 ginia event in pencil in Item 18. Gir Office along with form NOS 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unkown) | (If yas give war or detes of service) INTERVAL BETWEEN Office along w burial-transit p 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). 5 min. I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) EXAMINER: This certificate should be DUE TO removal Conditions, if eny, which (b) gave rise to immadiate cause 85 a Examiner's pending DUE TO (e), stating the undarlying 0 nsed (c) cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 the word NO X Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. burial, writing the Chief A Page 3 s 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) should be forwarded to the Chi FUNERAL DIRECTOR: Page fectory, street, office bldg., etc.) 0 While Not While et work at work prior execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry and in my opinion agent, death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL John Mace Jr. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) OF CEMETERY OR CREMATORY its 22d. LOCATION (City, town, or country) (State) A ŏ 240 1 01 VS. A15ME arthur S. Kraus

LANGE OF THE RELIEF OF THE Lomber Lumber Masulawo V.S. B. LOSEPHE KEBULWA TEREV JAMES NO EL WOLLD - UNIXMERCIA PRES PEN. KABBINS GAMBRIDES LE HELD. The soul mot one than BUREAU STATE PORCHES EX MEM . - CAMBRIDGE MI the samples of the Content of the Content of the transfer of

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## FOR STATE HEALTH DEPT.

TO COLUMN MEDITY. LEXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pendinin Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3056 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()3()44

1.	. PLACE OF DEATH		2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission)				
	DORCHESTER. CO.	Arwayer wasa	e. STATE MARYL	b. COUNTY	OD OTTOOMED GO		
-	b. CITY OR TOWN (if outside corporeta limits,	c. LENGTH OF STAY IN 16		If outside corporate limits, write RUR	ORCHESTER, CO.		
	Write RURAL end give neerest town) HURCH CREEK, MARYLAND.	UNKNOWN	HOOPERSUIT	IE, MARYLAND.			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS	MARILAND.	I e. IS RESIDENCE		
S	STATE ROAD NEAR CHURCH CRE	EK, MARYLAND.	NONE		YES NOT		
3	NAME OF First DECEASED	Middla	Lest	4. DATE Month	Dey Yeer		
	(Type or print) W.	FREDERICK	RUARK	DEATH 3	26 19 61		
5	6. COLOR OR RACE 7. MARR	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years   IF U)	NDER 1 YEAR   IF UNDER 24 HRS.		
Y	MALE WHITE WIDOW	ED DIVORCED	2/17/1933	lest birthday) Mor	oths Days Hours Min.		
1	0a. USUAL OCCUPATION (Giva kind of work   10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stota		2. CITIZEN OF WHAT COUNTRY?		
	ware during most of working life, even if retired) WATERMAN	ATERMAN	HOOPERSVIT	LE, MARYLAND.	U.S.A.		
	3. FATHER'S NAME	TTTI CIVITY	14. MOTHER'S MAIDEN	NAME	U.D.A.		
	HORACE FUARK		SUE RUA	DV			
10	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	. SOCIAL SECURITY NO.   17. 1		Address			
0	YES (Ifyesgivewarordetasofservica)	YES MRS	HODACIS DILA	DV HOODEDOUTTEE	144 DIT 44 D		
-	18. CAUSE OF DEATH [Enter only one cause par	lina for (a), (b), end (c).]	. HURAUE RUA	RK, HOOPERSVILLE	MARYLAND.		
	PART I. DEATH WAS CAUSED BY:		NJURY		ONSESAND PROTEIN		
	877						
	DUE TO DUE TO	LTIPLE FRACTI	TRES OF SKI	TT.T	INSTANT		
	Conditions, if any, which gave rise to immediate cause	DITLIE LUMOI	or or	חח	TWOTANT		
	(e), steting the undarlying DUE TO						
	cause last. (c)						
O	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?		
3					YES NO X		
CERTIFICATION		RIBE HOW INJURY OCCURED. (EER OF QUITO W.					
3	20c. TIME OF INJURY Month, Day, Year   20d	INJURY OCCURRED   200. PLA			(County) (Stata)		
MEDICAL	2.30 AM 3-26 ,61 Whi		ory, street, office bldg., atc. <b>Zhway</b>	Nr. Church	Creek Md.		
Н	21. I certify that I took charge of the re-	mains described above, he	ld an Autopsy ,	Inspection X, Inquiry	and in my opinion		
	death resulted from Natural causes	Accident X. Suici	de . Homicide	Undetermined manne	er 🗍		
		0	CHIEF MEDICAL E	EXAMINER			
	ACTUAL JAC 21	ASSISTANT MEDI	ICAL EXAMINER	DATE SIGNED			
-	SIGNATURE	1	DEPUTY MEDICAL	L EXAMINER X	3/27/61		
	EXAMINER'S JOHN MACE	JR.		city, town, or county)			
22	2a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or co	ountry) (State)		
	BURIAL 3/28/1961.	DORCHESTER 1		CAMBRIDGE MAR	RYTAND		
2	3. FUNERAL DIRECTOR	ADDRESS	24a. REC	D BY REGISTRAR   246. REGISTRA	R'S SIGNATURE		
T	E COMPTE FUNERAL SERVICE,	CAMBRIDGE, MD.	• DATE AF	PR 3 '61 arih	1 S. Kraus		

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PLACE OF DEATH o. COUNTY	Dorchest	er	MAR	YLAND		Mary I		sed lived. If instit b. COUNT	Y	before o	
b. CITY OR TOWN	(If outside corporate fimits, write	RURAL	c. LENGTH OF STAY	( IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	ew Market.R.	F.D.	23 year	» 65	X	Hogt.	Nou M	arket.Md.	RD		
	ITAL OR INSTITUTION (IF				d. STREET		IVOTI 13	ar ke u mar	110120		RESIDENCE
	Rural				1	Rural					N A FARM?
B. NAME OF DECEASED (Type or print)	Gusta		Middle Edwin	S	alk <b>vis</b> t		4. DATE OF DEATH	March 1		Day	Year 19
S. SEX	6. COLOR OR RACE	7. MARRIE	D WEVER MARRIE	ED   B.	DATE OF BIRTH	1		9. AGE (In years	IFUNDER TY	EAR IF U	NDER 24 HRS.
Male	White	WIDOWED	DIVORCED		April 2	0.187	5	last birthday) 85 yrs.	Months Da	ys Hou	rs Min.
- A	IION (Give kind of work ding life, even if retired)	one 10b. K	IND OF BUSINESS OR	INDUSTI				100	12. CITIZEI	N OF WH	AT COUNTRY
during most of work	ding life, even if retired) Vil Engineer								1	T C	
3. FATHER'S NAME	ATT DIRTHGEL				14. MOTHER'S		m, Swe	gen		J.S.	
	Unknown					Unkno	2 120				
5. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. 9	OCIAL SECURITY NO	. 17. IN	FORMANT	OHAHO	MII	Address			THE STATE OF THE S
Yes, no. or unknown]	If yes, give wor or dates of se	rvice)					77				7 7 7
No	ATH [Enter only one caus		8-03-4087	Mrs	. Helen	e Cas	alkvi	st, East 1		INTERVAL DE	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which ediate cause		onary occ	clus	ion .					5 I	din.
couse lost.	(c)_										
PART II, OT  PART II, OT  20g. EXTERNAL CA  PRIMARY OF CO CAUSE OF DEATH	THER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART 1		FORMED?
PRIMARY OF CO	ONTRIBUTING 🗆	. DESCRIBE	HOW INJURY OCCU	RRED. (Er	nter nature of in	njury in Port	1 or Port II	of item 18.)			
20c. TIME OF INJU		20d. II While of wor	Not while	20e. PLAC focto	E OF INJURY (I	Home, form bldg., etc.	20f. (Cit	or town)	(County	1)	(State)
	that I taak charge d fram: Natural c					Autaps; lamicide	_	nspectian [1] ndetermined		, an	d find tha
ACTUAL SIGNATURE EXAMINER'S NAME (Typo)	John Mace		M.D.	2	ASSISTA	NT MEDIC	AMINER C	R 🗍	13/61	DAT	E SIGNED
20. BURIAL, CREMATI REMOVAL (Specify		1961	22c. NAME OF CEMEN Dorcheste			Park		TION (City, town,		(S	tote)
3. FUNERAL DIRECTO	R'S SIGNATURE	-	ADDRESS COMPANIE		Md.	240. REC'I	AR 2 0	RAR 245. REGI	STRAR'S SIGNA		

TO DEPUTY MEDICAL "VAMINER: This certificate should be executed within 24 hours after death. If any delay is necessor, alease executed to the certificate and the ward "pending" in pending the manal B. Give Pages 1, 2, and 3 to the fund, director. Possible should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yourses.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremption.

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VS. A15ME(5) 5M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	OF STATISTICAL RESEARCH AND	RECORDS - BALT
3058	CERTIFICATE	OF DEATH

03046

1. PLACE OF DEATH				11/20		2. USUAL RESIDENCE (Who	ere deceased		on: Residen	ce befo	re admiss	ion)
o. COUNTY DORG	HESTER, CO			MARYLA	AND	o. STATE MARYLAN	D	b. COUNTY	DORCI	HEST	ER.	CO.
b. CITY OR TOWN (If RURAL and give ne		its, write	c. LENGT	H OF STAY IN	V 16	c. CITY OR TOWN (If or	utside corpo	rate limits, write R	URAL ond	give nec	rest tawn	)
CAMBRIDGE,			2 WH	EEKS.		ANDREWS, MA	RYLAN	D.				
d. NAME OF HOSPITA	AL (If not in haspital, s	give street	address)			d. STREET ADDRESS					e. IS RES	DENCE FARM?
CAMBRIDGE	MARYLAND H	OSPI	TAL	- 199		NONE						NO NO
3. NAME OF DECEASED	Fi	rst		Middle		Lost	4. DATE OF	Mon	th	Da	у	rear .
(Type or print)		MINA		WALI	ACE	SIMMONS	DEATH	2			29	19 61
\$. SEX	6. COLOR OR RACE	7. MAR	RIED NE	VER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER		-	
FEMALE	WHITE	WIDOW	ED XX	DIVORCED		4/29/1873		87 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF	BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF	WHATC	OUNTRY?
HOUSEWIFE	ing the, even it remot		OU SEWI	IFE		GOLDEN HII	L. MA	RYLAND.	100	U.S	S.A.	
13. FATHER'S NAME	PLE MESSAGE				170	14. MOTHER'S MAIDEN N						
SLATER	WALLACE					ELIZABET	H STA	CUM				
IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SE	CURITY NO.	17. IN	FORMANT		Add	ress			
(Yes. no. or unknown) (	NO	service)	NO		MR.	ROY SIMMONS.	ANDR	EWS MAR	YT.A ND			
	TH [Enter only one co	ouse per L	ine for (p), (							INT	ERVAL BE	
PART I. DEA	H WAS CAUSED BY	I	2/h	anas	2	Punhali	sh			ONS	5 AND	DEATH
550.1	DUE TO		11	/ //	1	CNIBOTIO	1					CLULP
Conditions, if ar	w which \	1	4/01	20 16	M	2) saday	You	mall.	PINI	1		
gave rise to in	nmediate (		1 5	,,,,	1	1100512	/ CVM	0.010	-7773			
lying couse last.	he under-	A	ppen	1dici	7	s runtur	red .	Deritor	177	5 2	Lu	eek
Z PART II. OTH	ER SIGNIFICANT CON	IDITIONS	CONTRIBUT	ING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PAR	T 1(o) 1		
PART II. OTH  PART II. OTH  20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY					1						PERFO	RMED?
20a. ACCIDENT WA	S UNDERLYING	20b. DES	SCRIBE HOW	V INJURY OC	CURRE	). (Enter nature of injury in F	ort I or Por	t II of item 1B.)			1-0	
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)			-								
		gr 20d.	INJURY OCC	CURRED 2	Oe. PLA	CE OF INJURY (Home, farm	20f. (City	or town)	- (6	County)		(State)
Hour a.m.	19	White	Not v	while	fac	tory, street, office bldg., etc.	)			,,		(,
₹ p. m.		at wo	rk at wo	ork 📙		Male 157	6/ /	1/2:200	7 /	1	_	
21. I certify tha	t (I) (this haspita	I) atten		- 1		4 7	01.101	(CIV 19				last
saw the deceas	ed alive an	11/	7 19_0	Ol, and t	hat d	eath accurred of	M, fram	the causes ar	d an the	e date		
220. SIGNATURE	16	16	1 00	11	_	ATTENDING ME	D	STAFF PHYS.	nn	7	1) /4	SIGNED
22c. PHYSICIAN'S	Olhic	0	Tece	u	' 1	V.D. PHYS. DII	RECTOR [	PHYS. 🗌 /	THIN		111	6/
NAME (Type)	Lewis	M	Bu	vdo7	110	1 1	4 5	Y Par	. /	N		MI
	1.00		2-11	4-/		Locus	1	- Uyr	1000	29	4	7-7-0
23a. BURIAL, CREMATIO REMOVAL (Specify)	, ,		23c. NA/	ME OF CEMET	ERY O	R CREMATORY	23d. LOCA	TION (City, town,	or county)		(Stat	e)
BURIAL	1 1 1 1 1 1 1 1	61		RCHESTE	CR M	EMORIAL PARK		MBRIDGE.	MARY	LANI	),	
24. FUNERAL DIRECTOR'S		OTT OF	ADD		7/5/		D BY REGIST		STRAR'S SI			
LE COMPTE F	UNERAL SER	RVICE	UALY C	DUTINGE	9 I'L	RYLAND. DATE A	rh 5	61 6	Lithung &	1. 7W	MAN	

TO HOSPITAL OR ATT OING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter d moy be sined by cospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. VR A15 (4) 15M 9/59

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#### FOR STATE HEALTH DEPT

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			12	" }	13	-9	44
Rea. D	Dist.	No	U	J	U	4	1

1. PLACE OF DEATH				2. USUAL RESIDENCE	Where deceased li	ved. If institution: F	Residence before	admission)	
° for thest			MARYLAND	o. STATE Md.		b. COUNTY T	albot	/	
b. CITY OR TOWN I	•		19/61	c. CITY OR TOWN (		e limits, write RURA	L and give near	est town)	
	TAL OR INSTITUTION		re street oddress)	d. STREET ADDRESS		2 6	Y 2 .	IS RESIDENCE	
	hore State	Hospital		-		9	V	ES NO	
3. NAME OF DECEASED (Type or print)	Elmer	E.	Middle Simpson	Last	4. DATE OF DEATH	March	12 Day	19 <b>61</b>	
s. sex	6. COLOR OR RACE	7. MARRIED N	DIVORCED   8	4/27/67	9. 6	GE (In years IFUN Mont		UNDER 24 HRS. ours Min.	
100. USUAL OCCUPATI during most of worki Physician	ng life, even if refired)	dane 10b. KIND OF Medic		TILinois		γ) 12.	CITIZEN OF W	HAT COUNTRY?	
13. FATHER'S NAME Unk	nown Beu	Janing	Suipson	14. MOTHER'S MAIDEN Unkne	/ 1/	ard.	See	ecrish	
15. WAS DECEASED EV [Yes, no. or unknown]	VER IN U. S. ARMED TO Ill yes, give war or dates of	RCES? 16. SOCIAL		NFORMANT RECORDS E.S.	State Hos	Address			
	ATH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o	Manual	(b), and (c). ] Lnal pneumo	onia			INTERVAL ONSET AN	BETWEEN ND DEATH days	
Conditions, if a gove rise to imme (a), stating the	diote couse	Fract	ure neck r	eight femur			1	7 days	
cause lost.	cause lost. (c)								
X	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  Chronic brain syndrome, senile brain disease.  YES NOTE:								
200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS INTRIBUTING 20	b. DESCRIBE HOW I	INJURY OCCURRED. (E	Enter noture of injury in Po Ln hall of he	ert 1 or Part II of its	em 18.)			
20c. TIME OF INJU	2-24-61	While Not work a	Vat while C	CE OF INJURY (Home, for ary, street, office bldg., eleospital	m, 20f. (City or to		(County) Der	(State) Md.	
21. I certify t	hat I took charge	of the remoin	s described obo	ve, held an Autop	sy 🔲, Inspe	ection 🔼 . Inc	quiry .	and in my	
opinion deoth	opinion deoth resulted fram: Notural causes, Accident Suicide, Homicide, Undetermined monner								
ACTUAL SIGNATURE	Jour	- m	-ch	M.D. CHIEF MEDICAL E			DA	ATE SIGNED	
EXAMINER'S NAME (Type)	John M	ace Jr.		DEPUTY MEDICAL	EXAMINER		3/	12/61	
	ON. 225 DATE THEREO	7, 186 ne. NA	ME OF TEMETERY OF	CREMATORY PUBLICATION	22d. LOCATION	Mility, 10 ph, ar cour		(State)	
23 EUNERAL DIRECTO	26. VILLU	aun & L	on East	1. 11.	AR 1 6 61	246. REGISTRAR'S	S SIGNATURE		

TO DEPUTA MEDICAL "KAMINER: This certificate should be executed within 24 hours after death. If any datay is necessary east exect. It certifies withing the word "pending" is pending them, 18. Give Pages 1, 2, and 3 to the critical direction as should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be received for your ries.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, or remaral, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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	distribution		and received		
	1000000				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3061 Reg. Dist. No. (13049) CERTIFICATE OF DEATH Dorchester 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTCaroline COUNTY Garoline MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town) ploods Rural Preston Hirlack d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Fisher Nursing Home YES NO T NAME OF First Middle 4. DATE Month Year DECEASED OF Archie Spies (Type or print) Henry 196 Mar 9. AGE (In years lost birthday) 5. SEX 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE Months Days Hours WIDOWED [7] DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) US Poultry 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hannah Barber IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Emma 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO ò Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour Not while o. m While of work of work 1961, that I last sow the deceased 21. I certify that I attended the deceased from oched and that death occurred at 8/36 alive on \_M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Druidridge Mar.27 Baltimore 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Preston

DATE AR 2 8 161

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3	063	CERTIFICATE OF DE	ATH

02054

300	J	CERTIFICA	TIE OF DEATH				UL	
1. PLACE OF DEATH o. COUNTY Dorchester		MARYLAND	2. USUAL RESIDENCE (V o. STATE Marvl:		b. COUNTY	_	rset	mission)
b. CITY OR TOWN (If outside carporate lin RURAL ond give neorest town)  Cambridge	nits, write	c. LENGTH OF STAY IN 16 15yr.6mo.12da	c. CITY OR TOWN (IF		prote limits, write R			iown)
d. NAME OF HOSPITAL (If not in hospital, or Institution  Eastern Shore State		oddress)	d. STREET ADDRESS	10.10	19	39-	) 01	RESIDENCE N A FARM?
DECEASED	irst Mae	Middle	Last	4. DATE OF DEATH	Mor		Day	Year 1961
S. SEX 6. COLOR OR RACE		RIED NEVER MARRIED	Stevenson 8. DATE OF BIRTH		9. AGE (In years	rch IF UNDER 1	YEAR IF U	NDER 24 HR
Female White	WIDOW	ED DIVORCED	12-26-98		lost birthdoy) 62 yrs.		Days Hou	
10a. USUAL OCCUPATION (Give kind of wark during most of working life, even if retired		KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stot	te or foreign o	country)	12. CITIZI	EN OF WHA	AT COUNTRY
School teacher	_		Maryla				U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
William E. Steven:	son		/Nora/E/	/Ward	Laura E	. Ward		
15. WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	CHO HO	1300
(If yes, give wor or duties of	service	_ E	astern Shore	State	Hospital	recor	ds	
18. CAUSE OF DEATH   Enter only one of	ouse per li						INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY:		rterioscleroti	a House Disco				ONSET A	ND DEATH
gove rise to immediate couse (o), stating the under-lying couse lost.	(c)	eneral Arterio						
PART II. OTHER SIGNIFICANT COI	NDITIONS	CONTRIBUTING TO DEATH 8U	IT NOT RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART	PE	REFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1	CRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in	n Port I or Po	rt II of item 18.)			2.14
20c. TIME OF INJURY Month, Doy, Y Hour o. m. p. m.	ear 20d. I While of wor	Not while f	PLACE OF INJURY (Home, fo- octory, street, office bldg., e	rm, 20f. (Cit	y or town)	(Co	ounty)	(Stot
21. I certify that (特 (this haspite saw the deceased alive an	3-28		death accurred at 12	あ7_ , ta 2¥03fr&1				l) (we) la ited abave
220. SIGNATURE Dex	Fin	lippin	M.D. PHYS.	MED. DIRECTOR			3	226. DATE SIGNE -30-6.
22c. PHYSICIAN'S NAME (Type) Ettore Del	Filip	pis, M.D.	22d. ADDRESS Eas		Shore Sta Maryla		pital	
23a. BURIAL, CREMATION, 23b. DATE THERE BURIAL (Specify) April 1,	1961	23c. NAME OF CEMETERY Crisfield Cer	OR CREMATORY	23d. LOCA	ATION (City, town, field, Ma	or county)		(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE BY	ad	chaul Cru		C'D BY REGIS	TRAR 256. REG	ISTRAR'S SIGI	NATURE	\

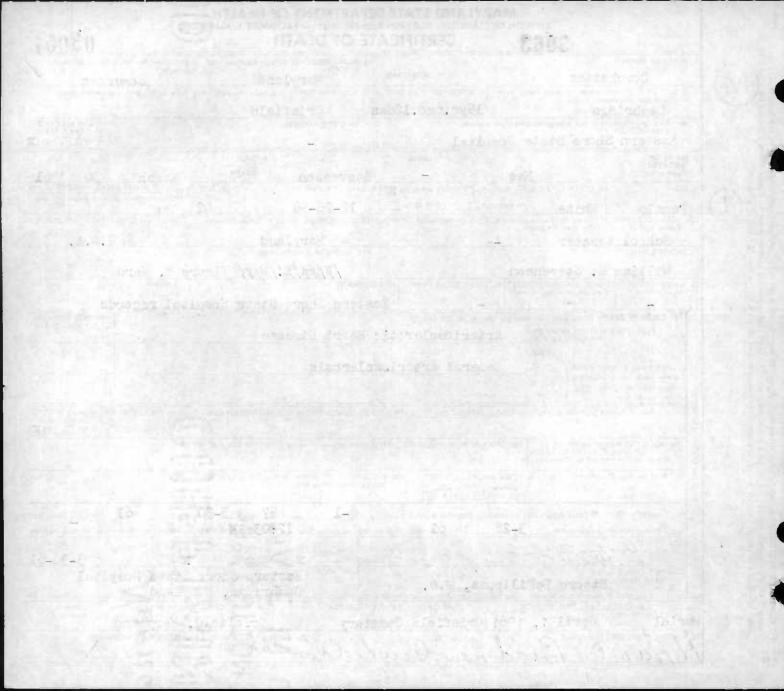
al director, filed with ond 2 should be Then please remove corban papers. Pages 1 TO HOSPITAL OR ATT ING PHYSICIAN; The low requires that the death certificate be executed within 24 may be gived by begind at attending physician.

TO FUNEW.L DIRECTOR: After this certificate has been signed by the attending physician and completely fillipage 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages the State Board at Health priar to burial, cremation, at remayal, and in any event, within 72 hours after death.

NG PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4

VR A15 (4) 15M 9/59



1. MARYLAND

	DIVISION	OF STATISTICAL RESEARCH AND RECO	ORDS — BALTIMORE
ne	1.	CERTIFICATE O	F DEATH

		3064		CERTII	FICA	TE OF DEATH					(13	052
	PLACE OF DEATH O. COUNTY Dore	hester	- COM	MAR	YLAND	2. USUAL RESIDENCE (Who a. STATE	ere decease	b. COUNTY	7	nce befo	re admiss	ion)
	b. CITY OR TOWN (IF RURAL and give neo rural Cam	rest tawn)	ts, write	c LENGTH OF STAY	mn th	c. CITY OR TOWN (IF o	utside carpo	orate limits, write R	URAL and	give ned	arest tawr	1)
	d. NAME OF HOSPITA					d. STREET ADDRESS		75	X-	1	e. IS RES ON A YES	FARM?
		hore State	Hos			<u> </u>	T	U		7	152	I NO M
	NAME OF DECEASED (Type or print)	VIVIE E	,	ZabeTh		Stokes	4. DATE OF DEATH	Mar.	th.	17	,	Year 1961
5. 3	SEX ;	6. COLOR OR RACE White	7. MARI	RIED NEVER MARR		8. DATE OF BIRTH		9. AGE (In years last birthday) yrs.	IF UNDE Manths	R 1 YEÁR Days	Hours	ER 24 HRS. Min.
10a	during most of warking	N (Give kind af wark on the life, even if retired)	dane 10b.	tom	OR INDU	STRY 11. BIRTHPLACE (State	1	auntry)	12. CI	TIZENO	WHATC	COUNTRY?
13.	FATHER'S NAME	1, 70	UN	MIENT		14. MOTHER'S MAIDEN N	IAME A	BRODI	20			
	WAS DECEASED EVER s, no, or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of s		SOCIAL SECURITY NO	). 17. B	Hospital rec	ords	Can	ress br	-id	94	bM
	PART I. DEATI	H WAS CAUSED BY:	0	ne far (a), (b), and (c)	1	Arter	1050	Lero	515		ERVAL BE	
	Canditions, if any gave rise to im cause (a), stating th	mediate Dus To						3 (1)				
CATION	lying cause last.  PART II. OTHE	(c R SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	/EN IN PA	RT 1(a)	19. WAS PERFO YES [	RMED?
CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in F	Part I ar Pai	rt II af item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yes	20d. I While of war			ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		y ar tawn)		(County)		(State
	21. I certify that	(I) (this hospital	) attend	ded the deceased	from.	JULY 24, 19	5 % .ta_	Mari	7_ 19	bel. H	not (I) (	(we) lost

and that death occurred at 125M, from the causes and on the dote stated obove. saw the deceased olive an. 22a. SIGNATURE 22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type) Thomas J. Dredge

MED. ATTENDING PHYS. M.D. 22d. ADDRESS E.S.S.H.

STAFF PHYS. Cambridge, Md.

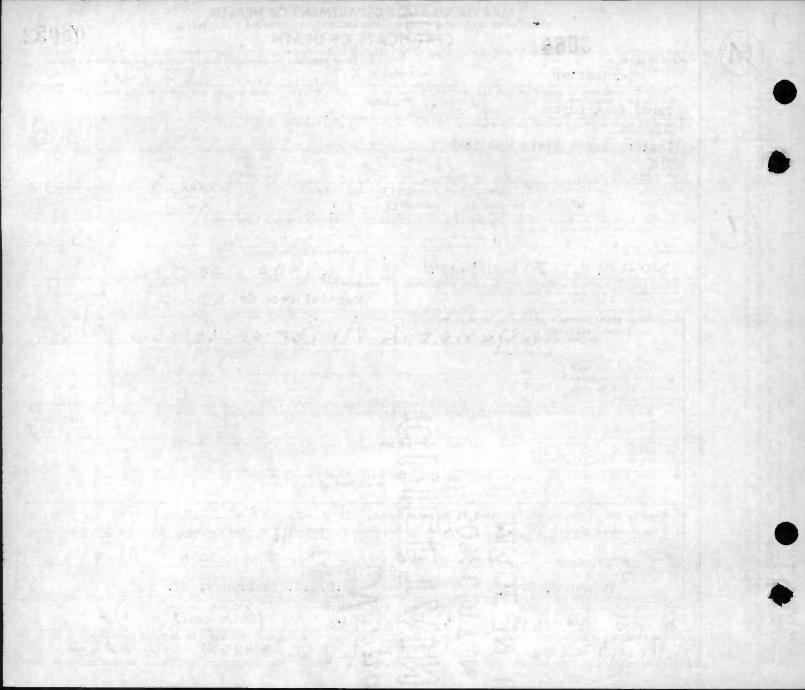
230 BURIAL, CREMATION,

250. REC'D BY REGISTRAR
MAR 2 0 '61

25b. REGISTRAR'S SIGNATURE
Orthur S. Kraus

and 2 shauld be papers. Pages 1 NG PHYSICIAN; The law requires that the death certificate be executed within 24 A DIRECTOR: After this certificate has been signed by the attending physicion and campletely fills laurs after death Then please remave carbon page 3 shauld be detached for use as the buriol-transit permit. Then please remaye carbo the State Board of Health prior to burial, cremotion, ar remayol, and in any event within 72 Sspital or attending physicion. TO FUNE

TO HOSF VR A1S (4) 15M 9/59



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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessor, please exe-	1		Z	or removal
DE	ote.	JL W	5	P.
0	J	fo	0	0
-			-	

VS. A15ME(5) 5M 9/55

			STATE DEPARTM				8				
		3065 MEDIC	CAL EXAMINER'S	CERTIFICA	IE OF DE	AIH	Reg. D(st. No	0305			
	1. PLACE OF DEATH a. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (No. STATE Maryle			Dorches				
	b. CITY OR TOWN and give negrest to	(If outside corporate limits, write RURAL wn) Cambridge	c. LENGTH OF STAY IN 1b entire life	c. CITY OR TOWN (III		limits, write RL	JRAL and give n	nearest town)			
	d. NAME OF HOSP	ITAL OR INSTITUTION (If not in 58 Glasgow St		d. STREET ADDRESS 58 G1	asgow St.			e. IS RESIDENCE ON A FARM? YES NO PA			
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year			
	(Type ar print)	Norman	Melson	Thomas	DEATH Mar	ch 14,1	1961	19			
	5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED 3	. DATE OF SIRTH	9. AG	Cost don't	UNDER TYEAR				
	Male	White WIDO	WED DIVORCED	October 24,1	903	57 yrs. "	Aonths Days	Haurs Min.			
1	10a. USUAL OCCUPAT	ION (Give kind af work dane 10 ing life, even if retired)	6. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	ar fareign country)		12. CITIZEN O	F WHAT COUNTR			
71	Grocery Cl	erk & Office C	lerk	Cambr	idge		1	J.S.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
		nomas P. Thomas		Anna	Melson						
	15. WAS DECEASED E	VER IN U. S. ARMED FORCES?		NFORMANT		Address					
	No		Edw	ard H. Babb,	Mill St.	, Camb:	ambridge, Md.				
	18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]										
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Inst										
	4201 DUE TO										
	Canditions, if										
d	gove rise to immediate cause (a), staling the underlying  DUE TO										
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS:										
	PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT P	NOT RELATED TO THE TERM	INALDISEASE CON	DITION GIVEN		PERFORMED?			
7	3							YES NO.K			
7	PART II. O	ONTRIBUTING   206. DESC	TRIBE HOW INJURY OCCURRED. (B	inter nature af injury in Par	rt I ar Part II af item	18.)					
9			al municipal decision of the same	6- 6- 11 11 11 11 11 11 11 11 11 11 11 11 11	Tank and						
	20c. TIME OF INJ Hour o. m p. m	v	0d. INJURY OCCURRED 20e. PLA Vhile Nat while fact t work at work	CE OF INJURY (Home, form ory, street, affice bldg., etc	n, 20f. (City or tow	m)	(Caunty)	(Stote)			
	21. I certify that I took charge of the remains described above, held on Autopsy, Inspection \( \mathbb{E} \), Inquiry, and find that										
5	death resulte	d from: Notural cause	s 🛣 , Accident 🔲 , Sui	cide, Homicide	e, Undete	rmined cou	use .				
		0	0					DATE SIGNED			
3	ACTUAL SIGNATURE	John n	recep.	_M.D. CHIEF MEDICAL E	XAMINER			DATE SIGNED			
	EXAMINER'S	Day Talan Ma	To	ASSISTANT MEDIC		2/25	163				
-	NAME (Type)	Dr. John Mac		DEPUTY MEDICAL		3/17					
	22o. BURIAL, CREMAT REMOVAL (Specif		22c. NAME OF CEMETERY OR		22d. LOCATION (	City, tawn, ar	caunty)	(Stote)			
	Burial	Mar. 17, 1961	Cambridge Cen		Cambri			0.5			
	23. FUNERAL DIRECTO	SP SP	ADURESS		D BY REGISTRAR		RAR'S SIGNATU				
	Jun	en N. Our	We Companion	DATE M	IAR 2 0 '61	Chi	hun S. Kro	w.			

MEDICAL EXAMINER'S CENTRICATE OF DEATH	1
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VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13054

1. PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before						dmission)				
	o. COUNTY Borche	ester	MARYLAND	• STATE Maryland b. COUNTY Dorchester						
	b. CITY OR TOWN (if outside corp write RURAL end give nearest	oorete limits,	c. LENGTH OF STAY IN 16	CITY OR TOW	N (If outside corpo	rete limits, writ	e RURAL end give	neerest tow	n)	
	Cambe		25 years	13 Cam	bridge					
-	d. NAME OF HOSPITAL OR INSTI	TUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRE	SS				SIDENCE	
1	Glasgow Convale	escent Nom		1 114	Chopten	k Ave.,			NO K	
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h Dey	Yeer		
	-	Sarak	Catherine	Thomas	DEATH	March	6,1961	19		
5	. SEX 6. COLOR	OR RACE   7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers last birthday)	IF UNDER 1 YEAR			
		nite   WIDOW	ED K DIVORCED	September 2	6,1876	84rs.	Months Deys	Hours	Min.	
10	De. USUAL OCCUPATION (Give kir lone during most of working life, eve	nd of work   10b. h	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & State, or f	oreign country)	12. CITIZEN	OF WHAT C	OUNTRY?	
40	Homemaker			James Isl	and, Dor,	Co.	U.	S.		
13	3. FATHER'S NAME			14. MOTHER'S MAID	EN NAME					
	Naboth S	Blacum		Catheri	ne Barne	S				
	5. WAS DECEASED EVER IN U.S. AF		SOCIAL SECURITY NO. 17.	INFORMANT		Address	5			
1	No	or deresors are vice,	Ma	s. J.Spicer	Bell Ta	1bot Av	e. Cambr	idge N	Md.	
-	18. CAUSE OF DEATH [Enter	only ona ceuse per		•			11	ITERVAL BET	WEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  URFMIR									
	* //// \/									
	Conditions, if env, which Conditions is envery the conditions of the									
	geve rise to immediate cause									
	(e), stetling the underlying DUE TO ceuse lest, ARTERIOSCLEROSIS									
-										
é	PART II. OTHER SIGNIFICAN	II CONDITIONS CO.	NIKIBOTING TO DEATH BUT N	OF KELATED TO THE TER	MINAL DISEASE C	ONDINON OF	VEN IN PART I(0)	PERFO	RMED?	
NY								YES _	NO 📗	
CERTIFICATION	2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
3	20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm,   2Df. (City or town) (County) (Stete)									
WEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)									
	21. I certify that (I) (this hospital) attended the deceased from 2-11-53, 19 to 3-6-61, 19, that (I) (we) last									
	saw the deceased aliveron 375-61 19, and that death occured at 12.45 from the causes and on the date stated above.									
	saw the deceased alivecon									
	(le british	222. SIGNATURE  ATTENDING  MED. STAFF  DIRECTOR DHYS.   3-8-6]							SIGNED	
	22c. PHYSICIAN'S			22d. ADDRESS						
	NAME (Type) ALBER	T E. BUNK	ER, M. D.	MARYLAI	ND AVE.,	CAMBRI	DGE, MAR	YLAND		
2	3e. BURIAL, CREMATION, 23b.	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or county)	(5)	tete)	
	REMOVAL (Specify) Rurial Mar	ch 8,1961	Cambridge Cer	netery	Cambr	idge, M	d.			
2	FUNERAL DIRECTOR'S SIGNATU		ADDRESS		REC'D BY REGIST			ATURE		
E	Leweth & C	thouse	1	DATE	MAR 2 0 '61	a	rthun S. Kra	us		
L	Possessing		Cambriage,	Md.	-	-				

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03055

CERTIFICATE OF DEATH 2067

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Page 4

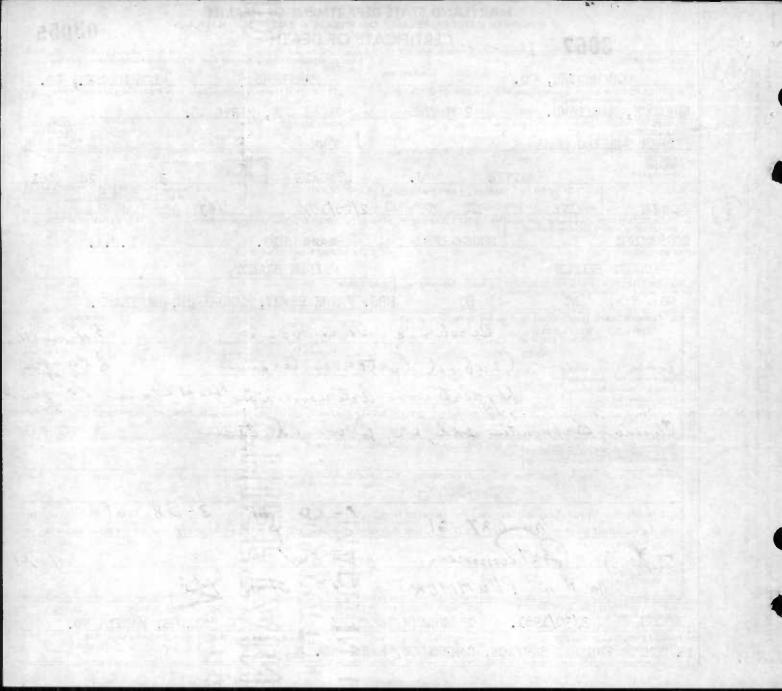
haurs after

TO FUNKRAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs ofter death. nospital ar attending physicion.

DING PHYSICIAN: The law requires that the deoth certificate be executed within TAL OR A TO HO may

VR A1S (4) 15M 9/59

		em y	F110 G20	+ 4/	LU/DI IWK					
1. PLACE OF DEATH o. COUNTY	**				USUAL RESIDENCE (W		I. If institution: Res b. COUNTY	idence before ac	dmission)	
DORCE	HESTER, CO.	,	MARY	LAND	MARYLA			CHESTER.	CO.	
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits,	, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
HURLOCK. MAI			2 MONTHS		CAMBRIDGE	MARYTAI	VD.			
d. NAME OF HOSPITAL		e street a	address)		d. STREET ADDRESS			e. IS	RESIDENCE	
FISHER NURS	ING HOME				NONE				S NO G	
3. NAME OF	First		Middle	-	Last	4. DATE	Month	Day	Year	
(Type or print)		TIE	J.		WINGATE	OF DEATH	3	28	1961	
S. SEX	6. COLOR OR RACE	MARRI	ED NEVER MARRIE	D 🔲 8. D	ATE OF BIRTH	9. AC	4 1 1 4 1 1	DER 1 YEAR IF U		
FEMALE	WHITE	WIDOWE	DIVORCE	2	/26/1892	16:	69yrs. Mont	hs Days Ho	ours Min.	
10a. USUAL OCCUPATION	(Give kind of work do	ne 10b. k	CIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote	or foreign country		CITIZEN OF WH	IAT COUNTRY?	
during most of working HOUSEWIFE	g life, even if refired)	HO	USEWIFE		MARY OHI			U.S.A.		
13. FATHER'S NAME		1110	OSEWIFE	1	4. MOTHER'S MAIDEN			U-D-A-		
AUGUST H	HILDEN				HILDEN B	RANDT				
15. WAS DECEASED EVER			SOCIAL SECURITY NO	. 17. INFO	RMANT		Address			
(Yes, no, ar unknown) (If	yes, give war or dates of services.	vice)	NO	MRS.	FRANK HENR	Y, CAMBRI	DGE, MARY	LAND.		
18. CAUSE OF DEATH	H [Enter only one cou	se per line	e for (a), (b), and (c).	]	7. 0			INTERVA	AND DEATH	
PART I. DEATH	WAS CAUSED 8Y:	(	erelina	L 0-4	hrombo	us		7 4	matth	
442 X"	DUE TO	~		_		400	11111111111			
Conditions, if ony		(04	06.01	14/0	e as Car	4-1-1		81	estal	
gove rise to im	mediate (U)_	Cec	eural C		2000		4 . 4 >			
couse (o), stoting the lying couse lost.	e under- DUE TO (c)	Hy	pertense.	ie a	rtinoscle	rotee He	art Don	and li	gres .	
PART II. OTHE	R SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CON	NDITION GIVEN IN	PART 1(o) 19. W	VAS AUTOPSY ERFORMED?	
& Chronic	Branch	tia	and w	0 6	ronchi	itania	1		S NO D	
PART II. OTHER CLUSONIC  20a. ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING [ ]	06. DESC		CCURRED. (E	inter nature of injury in	Port I or Port II of	item 18.)			
OR CONTRIBUTING L	EDICAL EXAMINER)									
		20d. IN	IJURY OCCURRED	20e. PLACE	OF INJURY (Home, for	m, 20f. (City or to	own)	(County)	(Stote)	
Hour o.m.	19	While	Not while	foctory	, street, office bldg., et	(c.)	36-1-19			
₹ p. m.	.,	of work	ot work		•	1	200	- 1		
21. I certify that	(I) (this haspital)	attende	ed the deceased	fram	1-16,1	2 <i>61</i> , .ta	( T 2 8 1	9_6_1, that	(I) (we) last	
saw the decease	d alive an Man	robbert	19 0 /, and	that deat	th accurred at	M, fram the	causes and an	the date sto	ated abave.	
220. SIGNATURE	01	()			ATTENDING /				22b. DATE SIGNED	
Tarens	A	Lun	me	M.D	ATTENDING PHYS.	OFFICE PE	AFF IYS. [		3/30/6/	
22c. PHYSICIAN'S NAME (Type)	R.H.B	FLU	MMPR		22d. ADDRESS	LOW A	1.2			
23a. BURIAL, CREMATION	236. DATE THEREOF		23c. NAME OF CEM	ETERY OR C	PEMATORY	23d LOCATION	(City, town, or cour	ntv)	(Stote)	
PREMOVAL (Specify)	3/30/1961		GREENLAWN							
DOILLAID	71 701 1701	•		OBME				ARYLA ND		
24. FUNERAL DIRECTOR'S		TOP	ADDRESS	MATO	CTA A TV	D BY REGISTRAR	2Sb. REGISTRAR	1 8. Thous		
LE COMPTE FU	INERAL SERV	TUE	CAMBRIDGE	, PIAR.	LLAND DATE	IPR 5 '61	Curam	1 200		



FOR STATE HEALTH DEPT. TO R UTY MED. L. EXAMINER: This certificate should be executed within 24 hours after death. L. delay is ne. ...ary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to me funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 100 CAMEDICAL EXAMINER'S CERTIFICATE OF DEATH 113056

	168						000	UU
1. PLACE OF DEATH	,,,,		2. USUAL RESIDE	NCE (Whare dece	asad livad, If insti	ution: Residen	ce before edr	mission)
	nester	MARYLAND	. STATE Ma:	ryland	b. COUNTY	Dorel	hester	r
b. CITY OR TOWN (if outsi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpore	ete limits, write RU	RAL and give	neerest town)	
Cambrid		Life	Cambr	idee				
		In hospitel, give street eddress)	d. STREET ADDRESS				e. IS RESI	DENCE
	~ .		222 174	-b 0+			ON A	
	n St.			gh St.				40 X
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey	Year	
	Anne	Elizabeth	Woolford	DEATH	March	12	19	61
5. SEX 6. C	OLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In yeers   IF to		IF UNDER 2	
Female	Managa	DOWED DIVORCED	August.10		52 yrs.	onths Deys	Hours	Min.
10a. USUAL OCCUPATION (Cona during most of working I		106. KIND OF BUSINESS OR INDUSTR			ry)	12. CITIZEN O	F WHAT CO	UNTRY?
Domestic		Homes	Marylan	d		USA		
13. FATHER'S NAME			14. MOTHER'S MAIDE			00.11		-
Lemuel V	Noolford		Ivy Cl	ash				
15. WAS DECEASED EVER IN			NFORMANT		Address	Cambr	anhi	MA
(Yes, no, or unkown) (Ifyesgi	9. W		lammall Ha	77 27	2 114		rage,	IVICA
NO NO	NO Interest only one mayor	e par lina for (a), (b), end (c).]	arroll Ha	11 31	3 High		TERVAL BETW	EENI
PART I. DEATH WA	C CALISED BY.					ON	SET AND DE	ATH
IMMEI	DIATE CAUSE (e)	oronary occlus	ion				10 Min	ns.
420.1	DUE TO							
Conditions, if any, wh								
gave rise to immediate ce	(0)							
(a), steting the underly	DUIE TO					63716		
cause lest.	) (c)							
PART II. OTHER SIGN	IFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CO	ONDITION GIVEN	N PART 1(e)   1	9. WAS AUT	
Ĕ							PERFORA YES NO	4
208. EXTERNAL CAUSE N	WAS 206	DESCRIBE HOW INJURY OCCURED. (I	Enter natura of injury in P	art I or Part II of it	am 18 1		150	
PART II. OTHER SIGN  208. EXTERNAL CAUSE \ PRIMARY [ or CONTRIB CAUSE OF DEATH.	UTING 🗆	DESCRIBE HOW HOOK! OCCURED. (	and the or injury in t		· · · · · · · · · · · · · · · · · · ·			
	Month, Dey, Year	20d. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home, fa	rm, : 20f. (City o	r town)	(County)	/C1	lata)
20c. TIME OF INJURY Hour a.m.	Monin, Day, Idai		ory, street, office bldg., e		( lowing	(County)	(3)	010/
p.m.	19	et work at work				Y and		
21. I certify that I	took charge of the	e remains described above, he	eld an Autopsy	Inspection 🛨	, Inquiry	, and	in my opi	nion
death resulted from:	Natural causes	Accident . Suic	ide . Homicide	Unde	etermined mann	ier 🗍		
1		A	CHIEF MEDICA	FYAMINED [				
ACTUAL	1							
SIGNATURE	one	may	M.D. ASSISTANT ME	EDICAL EXAMINER			ATE SIGN	ED
EXAMINERS J	ohn Mage	Jr. M.D.		AL EXAMINER		3/13/6	1	
22a. BURIAL, CREMATION, 2	Ohn Mace 2b. Date thereof	Jr. M.D.		22d. LOCATIO	on (City, town, or	country)	(Slele)	
REMOVAL (Specify) Burial	3/16/61	Bethel Ceme	eterv	Cambi	idge. I	c [vrce]	nd	
23. FUNERAL DIRECTOR	7 - 7	ADDRESS		EC'D BY REGISTRA		AR'S SIGNATI	URE	
Herbert StC	lair C	ambridge, Md.	7-53					
			DAMA	R 1 6 '61	Cathur	8 Krous		

Camiridae .... \* tan 0327 | Eag In a SI about the bust foot dinder I'll windless the stamen Supplied to the total and the Proling V Carried Transfer party to the Ville of Indian Property and Indian Control of the Union Camines dage . WE. . do in the common common that the st. forsulose vyagorob was walk nageor . The second secon 10/27/2 personal first of the global price of the surfal 3/16/61 . Setbat December . Desiden, parvious nerver to the compact of the compact

VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2000

03057

340.9						
1. PLACE OF DEATH a. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (WHO STATE		COLINITY	esidence before	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Hurlock	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate lim	its, write RURAL	ond give near	est tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James	Middle Wesley	Voolford	4. DATE OF DEATH	Month March	Day 7	Yeor 19 61
S. SEX 6. COLOR OR RACE 7. MARK Male Negro Widowi	ED DIVORCED	8. DATE OF BIRTH	, 1895	6 5yrs. Mo	nths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  Day Laborer  13. FATHER'S NAME	Poultry Indust		er Co., N		U.S.	WHAT COUNTRY
Charles Cornish			name unkno	um) Voo	lford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT	17	Address	ryland	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate couse (o), stoting the under- lying couse lost.  Conditions (b)  DUE TO  DUE TO  Conditions (c)	oronal,	Sclerate Colerates	John Sen	CLE  VILL  DITION GIVEN II	5 3 2 N PART 1(0) 19	yes. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE			(53)		PERFORMED? YES NO
Haur o.m. While	f.	ACE OF INJURY (Hame, form ctory, street, office bldg., etc	20f. (City or taw	n)	(County)	(State
21. I certify that (1) (this haspital) attends saw the deceased alive an Man	- 11	death accurred alass				
22c. SIGNATURE  Anne (Type)  22c. MAYSICIAN'S NAME (Type)  RES U, I	hopipson	M.D. ATTENDING DM PHYS. DI DI 226. ADDRESS	ED. STA RECTOR D PHY	FF S. D	1	22b. DATE SIGNED
23o. BURIAL, CREMATION, REMOVAL (Specify) Narch 10,190		tery		enna, M	aryland	
24. FUNERAL DIRECTOR'S SIGNATURE J. J. Tramptom and Son, Federal Son,	eralsburg, "ar	r and	D BY REGISTRAR	2Sb. REGISTRAI		

